

University of Notre Dame Vaccine Exemption Request Form

Enter info and upload at Online Patient Portal – go to: nd.studenthealthportal.com
Choose 'Immunization Exemption Request Form' from the Document Upload tab on the portal

Last name: _____ First name: _____ Date of birth: ____/____/____ ND ID #: _____

SECTION IN BOX BELOW TO BE COMPLETED BY PROVIDER FOR MEDICAL EXEMPTION REQUESTS

Medical Exemption

A written statement by a licensed, treating medical provider [a physician (MD or DO), Nurse Practitioner (NP) or Physician's Assistant (PA)], that includes an explanation and documentation as to why at least one of the following criteria apply to their patient for any vaccine(s) for which an exemption is requested.

For all vaccine exemptions, please specify specific vaccine(s) below:

Applicable contraindication found in the manufacturer's packaging insert for the vaccine(s), or a statement that the physical condition of the person or medical circumstances relating to the person is such that immunization is not considered safe.

FOR ALL EXEMPTION REQUESTS: (Please apply 5 business days for processing)

Please indicate the specific nature of the *medical condition or circumstances* that contraindicate immunization with the vaccine(s):

Permanent Exemption

Temporary Exemption until ____/____/____

Health Provider signature: _____

Date: _____

Signing provider verifies accuracy of above info

Health provider printed name: _____

Clinic Address: _____

Phone: _____

CLINIC STAMP

