

# UNIVERSITY OF PITTSBURGH STUDENT HEALTH SERVICE

## Exemption to Immunization Requirements

Students who claim exemption may be kept out of classes during the course of a disease outbreak if it is determined that such students are at risk for getting that disease and transmitting it to other students. The length of time a student is excluded from classes will vary depending on the disease and can range from several days to more than a month.

### STUDENT INFORMATION

(ALL FIELDS MUST BE COMPLETED)

STUDENT IDENTIFICATION NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
(MONTH/DAY/YEAR)

NAME \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

ADDRESS \_\_\_\_\_ / \_\_\_\_\_  
(STREET) (CITY/STATE/ZIP)

TELEPHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

### MEDICAL EXEMPTION- check only the specific vaccine(s) that is or may be detrimental to the patient's health.

- Measles     Hepatitis     Meningococcal\* (Applies only to students living in University housing)  
 Mumps     Varicella  
 Rubella     COVID-19

Reason for medical exemption: \_\_\_\_\_

This exemption will likely continue until: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
Printed Name of Health Care Practitioner Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Signature of Health Care Practitioner Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### RELIGIOUS EXEMPTION

- Measles     Hepatitis     Meningococcal\* (Applies only to students living in University housing)  
 Mumps     Varicella  
 Rubella     COVID-19

\_\_\_\_\_  
Signature of Student (or parent if under 18 years) Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*\*\*Upload completed document in Pitt SHS Portal <http://www.studentaffairs.pitt.edu/shs/>