

Student ID #: _____

Name: _____

Hulles] Ho] Ko

To request a Medical Exemption/Accommodation related to your AUCC institution's vaccination requirement, please complete Part 1 of this form, have your healthcare provider complete Part 2 (the certification portion), and return them to AUCC-SHWC via <u>Point and Click</u> (PNC) Patient Portal under the Downloadable Forms Tab. This information will be used by AUCC-SHWC, The Office of Compliance, Disability Services, or other appropriate personnel to engage in an iterative process to determine eligibility for such exemption/accommodation and if applicable, to determine the reasonable accommodations which can be provided to enable the student to have an equal opportunity to participate in the education program without posing a threat of harm to self or others. If a student refuses to provide such information, such a refusal may impact the AUCC-SHWC's ability to adequately understand the individual's request or to effectively engage in the interactive process to identify possible accommodations.

Medical exemptions/accommodations for vaccines will be considered if the student provides a written certification by a licensed, treating medical provider [i.e. a physician (MD or DO), nurse practitioner (NP), or physician's assistant (PA)] of one of the following:

- 1. The applicable CDC contraindication for the vaccine, or
- 2. The applicable contraindication found in the manufacturer's package insert for the vaccine; or
- 3. A statement that the physical condition of the person or medical circumstances relating to the person are such that vaccination is not considered safe, indicating the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization with the vaccine.



Student ID #: ______ Name: _____

PART 1A – TO BE COMPLETED BY THE STUDENT (OR PARENT/GUARDIAN IF STUDENT IS UNDER 18 YEARS OF AGE):



Student ID #: ______ Name: _____

PART 1B- TO BE COMPLETED BY STUDENT ONLY REQUIRED IF YOU ARE REQUESTING EXEMPTION FROM MENINGOCOCCAL VACCINES

I understand that meningococcal disease is a contagious but largely vaccine preventable infection of the spinal cord fluid and fluid around the brain. I understand that all college students living in residence halls, particularly freshmen, are at a moderately increased risk of contracting meningococcal disease. I understand that meningococcal disease is a serious disease that can lead to death within only a few hours of onset, that 1 in 10 cases is fatal and that 1 in 7 survivors of the disease is left with a severe disability such as loss of limb, mental retardation, paralysis, deafness or seizures. The CDC, the American C135r& ()5.4.9(,ie d)-4 (i4 di)12.1[e,e 6,o la (,) 4 (e 6)69(i) die,4 7W2a s4 dB4780 9(h)-4 4 (o)-4.1ncDC r4 (o (o)- .4 (la (leT0.0y)De)4g.2



Student ID #: ______ Name: _____

PART 2 – TO BE COMPLETED BY THE STUDENT MEDICAL PROVIDER

Your AUCC institution requires all students to receive vaccines prior to arrival on campus. The above-named individual is requesting an exemption from the vaccines indicated in Part 1 on the basis of a medical contraindication to receiving the vaccine(s). A medical exemption from vaccines may be allowed for certain recognized contraindications.

Please complete the form below.

Should you have any questions, please contact Student Health and Wellness at 404-756-1241.