



Student Health Center  
PO Box 1923 Niagara University, NY 14109  
Phone: 716-286-8390 Fax: 716-286-8391

## REQUEST FOR MEDICAL EXEMPTION TO IMMUNIZATION

Name of Student: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_  
Home Cell

Student ID Number: \_\_\_\_\_

This form is for your use in providing documentation for a medical exemption to Public Health Law Immunization requirements.

If a licensed physical, physician assistant, or nurse practitioner or licensed midwife caring for a pregnant student certifies in writing that the student has a health condition which is a valid contraindication to receiving a specific vaccine, then a permanent or temporary (for resolvable conditions such as pregnancy) exemption may be granted.

This statement must specify:

- Those immunizations which may be detrimental
- Length of time they may be detrimental

A review of records of temporary exempted persons will be done periodically to see if contraindications still exist. In the event of an outbreak, medically exempt individuals should be protected from exposure. This may include exclusion from classes or campus.

\_\_\_\_\_  
**Signature of Student**

\_\_\_\_\_  
**Date**

You will be notified in writing of the outcome of this request. Please note that if your request for an exemption is denied, you may appeal the denial to the Commissioner of Education within thirty (30) days of the decision, pursuant to Education Law, Section 310.