

**Southern Illinois University Edwardsville  
Health Service  
Physician Statement for Medical Exemption**

Date \_\_\_\_\_

Printed Name of Applicant \_\_\_\_\_ ID# \_\_\_\_\_

I, the undersigned do hereby request exemption from immunization as recommended by my physician. I understand that in the event of an outbreak of measles, mumps, rubella, tetanus, or diphtheria, I will be required to leave the campus.

Signature of Applicant \_\_\_\_\_

The above named applicant has requested medical exemption from immunization. Immunizations are required by the State of Illinois. Every student attending a public school must comply. However a medical exemption is acceptable under the following conditions. **The law states that the student must present a written signed, and dated statement from a physician stating the specific vaccine(s) contraindicated and the duration of and the specific medical condition that contraindicates the vaccine(s).** Your assistance is required for medical exemption of the applicant.

1. Immunizations which require exemption \_\_\_\_\_ tetanus/diphtheria  
(please check *only* those that apply) \_\_\_\_\_ MMR  
\_\_\_\_\_ PPD (Mantoux) skin test  
\_\_\_\_\_ Hepatitis B

2. Specific medical reason for exemption

\_\_\_\_\_  
\_\_\_\_\_

3. Duration of exemption \_\_\_\_\_  
(3 months allowable for attempting pregnancy or breastfeeding infant)

If pregnant, EDC \_\_\_\_\_

Signature of physician \_\_\_\_\_

Printed name of physician \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_