

Medical Exemption for Required Vaccinations

USC Student Health Policy

USC Student Health requires all students to submit proof of the following vaccinations:

Measles/Mumps/Rubella (MMR) – 2 doses on or after the first birthday

Varicella vaccine – 2 doses on or after the first birthday

Meningococcal conjugate (Serogroups A, C, Y and W-135)- (*age 21 and under only*)– one dose on or after 16th birthday

Proof of documentation of positive antibody titers to measles, mumps and/or varicella will also be sufficient to satisfy USC Student Health immunization requirements.

Students can be exempt from this requirement if they have a medical contraindication to the vaccine.

A list of established medical contraindications to vaccination can be found on the Centers for Disease Control and Prevention (CDC) website for Guide to Contraindications at: <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>.

Contraindications can also be found on the package insert of each vaccine.

Authorized Health Care Provider (HCP) – FILL OUT THIS SECTION

1. Vaccine: _____

Description of medical contraindication for vaccine:

This contraindication is Permanent or Temporary

If temporary please indicate expiration of the medical exemption: _____

2. Vaccine (if applicable): _____

Description of medical contraindication for vaccine:

This contraindication is Permanent or Temporary

If temporary please indicate expiration of the medical exemption: _____

3. Vaccine (if applicable): _____

Description of medical contraindication for vaccine:

This contraindication is Permanent or Temporary

If temporary please indicate expiration of the medical exemption: _____

Health Care Provider's Name (please print)

_____ MD, DO, PA or NP (please circle)

License #: _____

Address: _____

Telephone number: _____

Practitioner Stamp (If available) _____

Signature of Authorized HCP. _____ Date _____

Student or Parent /Guardian (if student is less than 18 years old)

An unvaccinated student without natural immunity is at greater risk of becoming ill with the vaccine-preventable disease. An unvaccinated student that does not have documentation of immunity may be excluded from attending school during an emergency, or during an outbreak of, or after exposure to, any of these diseases: Measles, Mumps, Varicella (chickenpox) or Meningococcal Meningitis. These decisions may be made in consultation with appropriate local and state authorities. Unvaccinated students who are required to leave campus for health or public health reasons may be subject to academic or tuition consequences, in accordance with USC policies.

I understand this Medical Exemption and have had the opportunity to ask questions about it. I verify the truth and accuracy of my statements in this Medical Exemption Form and acknowledge that declining a vaccination may require my departure from campus under certain circumstances, which could result in academic or tuition consequences to me.

If the medical exemption is temporary, I agree to submit the proper documentation showing proof of required immunization once the medical exemption has expired.

Student Signature _____

Parent/Guardian Signature (if student is under 18 years old) _____

For use by USC Student Health staff only:

Date Received: _____ By: _____
PRINT NAME Signature

Approved: Yes / No Permanent Temporary: Date of Expiration _____

Date **Approved:** _____ Date **Denied:** _____

By: _____
Print Name Signature Department