



Request for Medical Exemption to Immunizations

PETITION FOR EXEMPTION FROM THE REQUIREMENT OF PUBLIC ACT 85-1315,
MANDATORY PROOF OF IMMUNIZATION TO VACCINE PREVENTABLE DISEASES ON
MEDICAL GROUNDS

To be completed by the student's primary care provider: Please explain the student's medical risks for receiving the required immunizations.

Signature of Provider

Date

Name of Provider (Please Print)

Address of Provider's Office

I understand that should an outbreak of a vaccine preventable disease occur on campus or in the community, I may be required to curtail my normal activities and may be asked to avoid contact with other people in the interest of public health. I further understand that should I contract a vaccine preventable disease; I will not hold Elmhurst University accountable and will comply with any and all limitations placed upon me by Elmhurst University and/or public health officials.

Student Signature or Parent/Guardian Signature (if under 18 years)

Date

Name (Please Print)

Date of Birth

eNumber

Please submit this form to Elmhurst University Student Health Services located at the lower level of Niebuhr Hall, 190 S. Prospect Ave., Elmhurst, IL 60126, phone 630-617-3565, fax 630-617-3255 or via Etrieve at <https://tinyurl.com/euimmunizations>