

Bard College Health Services MMR Vaccine Exemption Request Form

All medical and religious exemption requests will be reviewed. If they are approved, students will be informed of appropriate accommodations congruent with New York State law and Bard College policies.

Section I: to be completed by student or guardian (if student is under 18)

Medical Exemption: See the [CDC guidance](#) regarding contraindications for MMR vaccines.

Last Name	First Name	Middle Initial	Student Email	Date of Birth	ID #

Signature: _____ (Student, or guardian if the student is under 18)

Date: _____

Section II: Medical Exemption Request (to be completed by medical provider)

Medical Provider Certification of Contraindication: I certify that my patient (named above) should not be vaccinated against measles, mumps and rubella (MMR) because they have one of the following contraindications:

- ☐ Documented anaphylactic allergic reaction or other severe adverse reaction to any prior MMR vaccine or component of the vaccine – e.g., cardiovascular changes, respiratory distress, or history of treatment with epinephrine or other emergency medical attention to control symptoms. Generally does not include gastro-intestinal symptoms as the sole presentation of allergy. Describe the specific reaction:

- ☐ Has a known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, or long-term immunosuppressive therapy or patients with human immunodeficiency virus [HIV] infection who are severely immunocompromised)

- ☐ Other documented contraindication. Please Explain: Information to be reviewed by infectious disease consultants for approval.

Signature of Healthcare Provider:	
Name (print):	Address/Clinic Stamp:
Signature:	Phone:

Once completed, students should upload the signed form to the document upload section of your [Medicat Student Health Portal](#).

Questions: please contact Bard Student Health Service at HealthService@Bard.edu or 845-758-7433

