

Request for Medical Exemption: Influenza Immunization

Name: _____

UNI: _____ School/Program: _____

University Email: _____ Phone: _____

Academic Year Requested: _____

The CDC recommends a yearly influenza vaccine as the first and most important step in protecting against flu viruses. The flu vaccine is safe and effective. The flu vaccine is mandatory for all students coming on to campus.

A medical exemption may be granted upon receipt of a written statement, not more than 2 years old, signed by a licensed healthcare provider whose specialty is appropriate to the associated condition and includes the following:

- **Specific diagnosis of condition or treatment which contraindicates an immunization**
- **Duration of condition/treatment**
- **Any medications or other conditions that preclude further immunizations**

Medical exemptions expire when the medical condition(s) contraindicating immunization changes in a manner which permits immunization or upon expected graduation date. The assigned expiration is at the discretion of Student Health on Haven.

In the event of a campus outbreak of influenza, students holding exemptions may be excluded from all campus activities, for their protection, until the outbreak is declared to be over.

Please allow 7-10 business days for your request to be processed. Upon review, you will be notified in writing if the exemption has been granted. If approved, the exemption will remain in effect no longer than the duration of the current academic year. Requests must be renewed annually.

Please complete the following page of the form, attach all supplemental materials and upload all documents to the Student Health Patient Portal: <https://portal.studenthealth.cuimc.columbia.edu>

Initial next to each of the statements below:

	I request exemption from the influenza immunization requirements due to my current medical condition. I understand the risks of non-immunization. I accept full responsibility for my health, thus removing liability from Columbia University to the required immunizations.
	I understand that in the event of an outbreak or threatened outbreak, I may be temporarily excluded from classes, residence halls, and any sponsored activities on campus. I agree to comply with these restrictions and accept responsibility for communicating with my faculty and advisors. I further understand that restrictions from campus, including but not limited to classes and living spaces, do not entitle me to any reduction in tuition, housing charges, or other University fees.
	Should I contract a communicable or contagious disease, I will <u>immediately</u> report it to Student Health on Haven and comply with the isolation and quarantine procedures specified by the University and remove myself from the University community if so advised.
	I understand and agree to comply with and abide by all Student Health on Haven and University policies and procedures.
	I understand that this exception is only valid for the approved period, and I will need to resubmit the request for any subsequent changes or new medical contraindications.
	I certify that the information I have provided on and in connection with this request is accurate and complete.

Student

Printed Name: _____

Signature: _____ **Date:** _____

By checking this box and typing my name above, I am electronically signing this form.