

Request for medical exemption for immunizations

Last Name, First Name: _____ L#: _____

Email address: _____ DOB: _____

As a condition of enrollment, Lafayette College requires students to be immunized against many serious contagious diseases. A medical exemption may be granted for a vaccination for certain medical conditions.

To request a medical exemption to the immunization requirement at Lafayette, provide the following:

- *A written statement, signed by a licensed medical health care professional, not related to the student, whose specialty is appropriate to the medical condition; and*
- *Documentation of the diagnosis and treatment which contraindicates an immunization(s).*

___ I request a medical exemption for immunizations due to a medical condition. I understand the risk of not being immunized for certain infectious diseases. In the event that I test positive for an infectious disease on the required list of immunizations, I understand I may be temporarily excluded from classes, residence halls, and certain events on campus. I fully accept responsibility for my health and remove liability from Lafayette College for these infectious diseases.

Student name _____ Date _____

Signature X _____

For minors:

Parent name _____ Date _____

Signature X _____

**Complete the form with the attached statements and submit to your
Lafayette College Health portal**