

### Medical Exemption Affidavit Regarding Immunization

(Optional form – to be completed by a student if s/he is claiming an exemption.)

Name: \_\_\_\_\_ Student X#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Otis College requires documentation of all current students to have received 2 doses of the MMR (measles, mumps and rubella) vaccine or have titers that show positive immunity to measles, mumps and rubella. If a student will be living with Otis College housing (either in the on-campus residence hall or the off-campus apartments), there is an additional requirement of students showing proof of having received the MCV4 (meningitis vaccine).

In the event that a student is requesting an exemption based on medical contraindication, the following form must be completed and signed by the **Otis College student** and a **medical provider** and submitted to the Otis College Student Health and Wellness Center by the immunization requirement due date. This form must be reviewed annually and resubmitted every academic year by the student.

All medical exemption requests **require** a signed statement from a medical provider (MD, DO, NP or PA) stating the following (all of the below information must be included):

- ✓ The specific vaccine(s) for which the exemption is/are requested
- ✓ If the exemption is permanent or temporary and if temporary, the expiration date of the exemption must be listed (the expiration date can be no more than 12 calendar months from the date of signing).
- ✓ The applicable CDC contraindication(s) for the vaccination  
<https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>. **OR**
- ✓ A statement that includes the specific nature of physical condition or medical circumstances relating to the person is such that immunization is not considered safe, indicating probable duration of the medical condition or circumstances that contraindicate immunization with the vaccine(s).

Medical Providers--please use space below. Please attach additional pages if needed.

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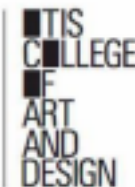
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\_\_\_\_\_  
Physician Signature or Stamp

\_\_\_\_\_  
Date

Otis College policy states that in the event of an outbreak of any vaccine preventable disease, I, the student, may be excluded from the College campus for all purposes, including but not limited to all classes, activities, travel, and housing through Otis College, for my protection and that of the Otis College community until the outbreak is cleared by the Los Angeles County Department of Public Health.

Otis College Student--Please initial statements below.

By providing my initials below, I acknowledge that I understand the following statements:

\_\_\_\_\_ I understand that by claiming exemption for the above reason(s), and in the event of an outbreak of any vaccine preventable diseases, I will be excluded from the College campus as stated in the Otis College policy stated above.

\_\_\_\_\_ I know that I may readdress this issue with my medical provider or with a medical provider in the Student Health and Wellness Center at any time and that I may change my mind and accept vaccination anytime in the future.

\_\_\_\_\_ I understand that I must review this form with my medical provider and resubmit a newly completed form every academic year.

\_\_\_\_\_  
Student (or Guardian, if student under 18) Signature

\_\_\_\_\_  
Date