



STUDENT: Submit completed form to: [www.medproctor.com](http://www.medproctor.com).

LICENSED MEDICAL PROVIDER (MD, DO, PA, and NP): Return completed form to student for submission to Miami University.

## VACCINATION REQUIREMENT - EXEMPTION

Last Name	First	Middle
Date of Birth		University ID Number (8 or 9 digits)

The above named student requests an exemption for the following vaccine(s).

- ☐ Hepatitis B
- ☐ Measles / Mumps / Rubella
- ☐ Meningococcal conjugate (ACWY)
- ☐ Polio
- ☐ Tetanus / Diphtheria / Pertussis
- ☐ Varicella
- ☐ I understand that by declining, in the event of an on-campus outbreak, I may be required to leave the campus and my class absences may not be excused.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

☐ **Medical Exemption Requested**

Signature of licensed medical provider (MD, DO, PA, NP) and NPI number are required.

TO BE COMPLETED BY A LICENSED MEDICAL PROVIDER (MD, DO, PA, NP):

Provider Printed Name \_\_\_\_\_ Phone \_\_\_\_\_

Provider Signature / Credentials \_\_\_\_\_ Date \_\_\_\_\_

Provider NPI \_\_\_\_\_

☐ **Religious (Attach Letter)**

Notarization by notary public required of student signature

TO BE COMPLETED BY NOTARY PUBLIC:

Signature and Seal of Notary \_\_\_\_\_

Subscribed and sworn before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_