INFLUENZA (FLU) MEDICAL EXEMPTION REQUEST FORM

The CDC recommends a yearly influenza vaccine as the first and most important step in protecting against flu viruses. The flu vaccine is safe, as well as effective.

To request a medical exemption from this requirement, please complete the following:

- Initial and sign the following page of this form,
- Obtain 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 receiving an influenza vaccination
  - Duration of condition/treatment
  - Any medications or other conditions that preclude further vaccination

Medical exemptions expire when the medical condition(s) contraindicating vaccination changes in a manner which permits vaccination. If a temporary exemption is given, you will be expected to complete the requirement at the exemption's expiration or resubmit an updated exemption request.

In the event of an outbreak of any of the vaccine preventable diseases covered by this law on or near campus, students holding exemptions may be excluded from all campus activities, for their protection, until the outbreak is declared to be over.

You may submit all of your documentation via your myTC Portal under Student Resources>Enrollment and Student Services>Upload Flu Documentation.

You will be notified via your TC email address if either a temporary or permanent exemption has been granted or if further information is required to complete your request. Please allow a minimum of ten business days for your documents to be reviewed.

Questions? Email health-immunization@tc.columbia.edu
INFLUENZA MEDICAL EXEMPTION REQUEST FORM

Student Name: ___________________________________________ Date of Birth: ______/_____/_____
(Please Print) MM / DD / YY

TCID #__________________________________________________

Please initial next to each statement below:

I request exemption from the current influenza (flu) requirements due to my current medical condition. I understand the risks of non-vaccination. I accept full responsibility for my health, thus removing liability from Teachers College and 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 College fees.

Should I contract a communicable or contagious disease, I will immediately report it Teachers College Student Affairs and Columbia Health and comply with the isolation and quarantine procedures specified by the College.

I understand and agree to comply with and abide by all Teachers College and Columbia Health policies and procedures.

I acknowledge that I have read the Influenza Vaccine Statement

I understand that this exception is only valid for the current academic year, and I will need to resubmit the request for any subsequent academic year(s).

I certify that the information I have provided on and in connection with this request is accurate and complete.

Student Signature:_________________________________________ Date: _____________________

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