MMR MEDICAL EXEMPTION REQUEST FORM

New York State Public Health Law 2165 requires that all students provide proof of immunity to measles, mumps, and rubella.

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

- Read the MMR Vaccine Information Statement,
- 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
- Obtain a lab report indicating the results of a titer test (blood test) for your measles, mumps, and rubella antibody levels. These are required for knowledge in the event of an outbreak. Exemption approval cannot be granted without knowledge of current antibody levels.

Medical exemptions expire when the medical condition(s) contraindicating immunization changes in a manner which permits immunization. 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 or have them sent via fax to 212-678-3681.

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 email us at health-immunization@tc.columbia.edu with any questions.
MMR MEDICAL EXEMPTION REQUEST FORM

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

TCID #:__________________________________________________

Please initial next to each statement below:

<table>
<thead>
<tr>
<th>I request exemption from the measles, mumps, and rubella 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 Teachers College and Columbia University to the required immunizations.</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>I acknowledge that I have read the MMR Vaccine Information Statement.</td>
</tr>
<tr>
<td>I understand and agree to comply with and abide by all Teachers College and Columbia University’s Health policies and procedures.</td>
</tr>
<tr>
<td>I understand that this exception is only valid for the approved period and I may need to submit a new request for any subsequent changes or new medical contraindications.</td>
</tr>
<tr>
<td>I certify that the information I have provided on and in connection with this request is accurate and complete.</td>
</tr>
</tbody>
</table>

Student Signature: ___________________________________________ Date: ____________________________

Questions? Email health-immunization@tc.columbia.edu