

# SKIDMORE COLLEGE HEALTH SERVICES

## POLICIES AND PROCEDURES



### Title: Medical Exemption from Immunization

Date of Last Review/Revision: 8/22/2023

Approved by: A. Caldwell, Director of Health Services, 8/22/2023

Number of Pages/Forms: 1 page/2 associated forms

[Nursing Information OneNote](#): Health Forms → Religious and Medical Exemption

**Purpose:** To provide documentation for a student's exemption of the required immunization(s); to identify students who are vulnerable to vaccine-preventable illness in the event of an outbreak; to inform these students of the potential effect on their presence on campus in the event of an outbreak.

**Policy:** Students who wish to exempt themselves from receiving the required vaccination(s) must submit:

- 1) **REQUEST AND ACKNOWLEDGEMENT OF MEDICAL EXEMPTION FROM IMMUNIZATION form and:**
- 2) Supporting documentation from a medical provider in one of the following formats:
  - a. Letter from medical provider including details and information listed below
  - OR**
  - b. **MEDICAL CERTIFICATION FOR IMMUNIZATION EXEMPTION form** completed by medical provider. (It may be helpful to present this form to your medical provider in order to ensure all requirements are met.)

Medical provider documentation must include the following:

- Signature of a licensed physician or advanced practice clinician (nurse practitioner or physician assistant)
- Specify which vaccine(s) are detrimental to health or otherwise medically contraindicated and include a detailed explanation of the valid medical basis
- Specify the length of time the immunization may be detrimental
- Must be in accordance with generally accepted medical standards, such as the most recent guidelines of the Centers for Disease Control and Prevention and its Advisory Committee on Immunization Practices

Completed documentation should be submitted directly to Health Services through the [Health Services Portal](#).

#### **Procedure:**

Review process: Skidmore College Health Services will carefully review exemption requests. Approval is not guaranteed, and additional documentation may be requested. After a student's request has been reviewed and processed (please allow 14 days), the student will be notified, in writing, if an exemption has been granted or denied. The review notification will include whether the exemption is permanent or temporary and specify when documentation may need to be resubmitted.

**Deadline:** All requests must be submitted no later than August 1, prior to the start of the academic year. Students without the required vaccination or an exemption may not be permitted to register for classes.



## SKIDMORE COLLEGE HEALTH SERVICES

815 North Broadway Saratoga Springs, NY 12866

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Fax: 518-580-5556

e-mail: [health@skidmore.edu](mailto:health@skidmore.edu)

### REQUEST FOR AND ACKNOWLEDGEMENT OF EXEMPTION FROM IMMUNIZATION

(to be completed by student or if student is under 18, legal guardian)

I am requesting medical or religious exemption for the following mandated vaccine(s):

- ☐ MMR (measles, mumps, rubella)
- ☐ Meningococcal (quadrivalent, ACWY)
- ☐ Tdap (tetanus, diphtheria, acellular pertussis)

Initial each statement in the space [ ] below:

[ ] I agree to hold Skidmore College harmless in the event of any illness or injury resulting from my inability to receive one of the above vaccines.

[ ] I understand that in the case of a vaccine preventable disease outbreak to which I am likely not immune, at the discretion of the Health Services professional staff and under the guidance of the New York State Department of Health, I may be temporarily excluded from classes, residence halls or the College campus. This action would be taken to both protect my health as well as reduce the risk of community spread.

[ ] I will be responsible for any expenses I may incur for such exclusion as described above.

[ ] I understand that I will be responsible for working with my faculty to make up any missed class work.

[ ] For applicable diseases, I understand I may be required to comply with testing or other preventive requirements.

[ ] I understand that participation in intercollegiate athletics may be restricted in accordance with NCAA and/or conference league mandates.

Name (Print) : \_\_\_\_\_

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

Student ID #: \_\_\_\_\_

If student is a minor, parent or legal guardian must sign:

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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### MEDICAL CERTIFICATION FOR IMMUNIZATION EXEMPTION

#### Student Information

Student Name: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Instructions for the requesting medical provider:

This form (or alternative documentation with elements specified in Medical Exemption from Immunization Policy) must be completed and signed by a licensed medical provider and be based on Advisory Committee on Immunization Practices' recommendations and guidelines, in accordance with NYS Public Health Law Section 2164.

Skidmore College Health Services reviews all medical exemption requests and may request additional information.

The following are NOT valid contraindications to ANY routine vaccine:

- Mild, acute illness (e.g., low-grade fever, cold, upper respiratory illness, diarrhea, otitis media)
- Parental/guardian concerns, requests to delay or withhold vaccinations without documentation from a medical provider with supporting medical reasoning.

#### Medical Exemption Request:

As the student's medical provider, I request a medical exemption for the following required immunization(s). I certify under penalty of violation of NYS Public Health Law Section 2164 that the indicated immunization(s) will be detrimental to the patient's health:

☐ MMR

☐ MenACWY

☐ Tdap

#### Explanation for exemption request for each vaccine(s)

Include diagnosis/event, date, and treatment if applicable. Please attach supporting documentation if needed.

#### Expected Duration of Contraindication:

<p>Provider Name and Credentials:</p>  <p>Provider Signature:</p>  <p>Date ____/____/____</p>	<p>Practice name and address:</p>    <p>Phone (_____) _____ - _____</p> <p>Fax (_____) _____ - _____</p>
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