

The New York State Department of Health's Immunization Handbook for Post-Secondary Institutions provides the following information regarding Medical Exemptions for students:

### **Medical Exemption**

“If a licensed physician, physician assistant, or nurse practitioner, or licensed midwife caring for a pregnant student certifies in writing that the student has a health condition which is a valid contraindication to receiving a specific vaccine, then a permanent or temporary (for resolvable conditions such as pregnancy) exemption may be granted. This statement must specify those immunizations which may be detrimental and the length of time they may be detrimental. Provisions need to be made to review records of temporarily exempted persons periodically to see if contraindications still exist. In the event of an outbreak, medically exempt individuals should be protected from exposure. This may include exclusion from classes or campus.”

In general, the following persons should not receive Measles, Mumps, or Rubella Vaccine without checking with a doctor.

- Previous anaphylactic reaction to this vaccine or to any of its components.
- Pregnancy or possibility of pregnancy within 4wks.
- Severe immunodeficiency (e.g., hematologic and solid tumors; receiving chemotherapy; congenital immunodeficiency; long-term immunosuppressive therapy; or severely symptomatic HIV).

Note: HIV infection is NOT a contraindication to MMR for those who are not severely immunocompromised (i.e., CD4+ T-lymphocyte counts are greater than or equal to 200 cells/ $\mu$ L).

Medical Exemption to Immunization Form

This form must be submitted for all requests for exemption from immunization requirements. The required statement from a licensed physician, physician assistant, or nurse practitioner, or licensed midwife specifying the immunizations that are detrimental to your health and the length of time these immunizations must be waived must be attached to this form.

You may submit this form by mail or dropping it off on campus. The address is:

CUNY Graduate School of Public Health and Health Policy  
Office of Admissions  
55 West 125<sup>th</sup> Street, 5<sup>th</sup> Floor  
New York, NY 10027

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

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

Social Security or Student# \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Notes

- Your request will be reviewed as soon as possible; a minimum of one week is required for the review.
- An interview may be needed before a decision can be made on this request.
- You will be notified by the Office of Admissions if your request is approved or denied. If your request is denied, you may appeal the decision.

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*For official use (do not fill out this section)*

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

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