

# DePaul University Medical Immunization Exemption



<b>Student Information:</b>		
Last Name	First Name and Middle Initial	Date of Birth (mm/dd/yyyy) ____/____/____
DePaul Student # _____	E-mail Address	Phone Number
<b>Section 694.200 Medical Exemption Information</b> <a href="http://www.ilga.gov/commission/jcar/admincode/077/077006940C02000R.html">http://www.ilga.gov/commission/jcar/admincode/077/077006940C02000R.html</a>		
<p>A. A student may be exempted from one or more of the specific immunization requirements specified in this Part upon acceptance by the designated record keeping office of a <u>written statement by a physician</u> indicating the nature and probable duration of the medical condition or circumstances that contraindicates such immunization(s), identifying the specific vaccine(s) which could be detrimental to the student's health.</p>		
<p>B. Female students may be granted temporary exemption from immunization against measles, mumps, and rubella under subsection (a) above if pregnancy or suspected pregnancy is certified by a <u>written physician's statement</u>.</p>		
<p>C. If student is on an approved schedule of receipt of all necessary doses of Td vaccine, the student will be granted temporary medical exemption for the duration of the approved schedule.</p>		
<p>D. If a student's medical condition or circumstances later permit immunization, the exemption(s) granted under subsection (a), (b) or (c) above shall thereupon terminate and the student shall be required to obtain the immunization(s) from which the student has been exempted.</p>		
<p>I hereby request the medical exemption to the Immunization Requirements. I verify that all documentation presented is current and accurate. I also understand that I am subject to the repercussions of falsifying information outlined in the DePaul University Code of Student Responsibility.</p>		
Student Signature : _____		Date: _____

**The preferred method to submit immunization records is online in Campus Connect.**

**Additional methods are:**

Fax:  
Fax: (312) 476-3200

In Person:  
DePaul Central – Lincoln Park, SAC 101  
DePaul Central – Loop, DePaul Center 9<sup>th</sup> floor

Mail:  
DePaul University  
Office of the University Registrar  
1 E. Jackson  
Chicago, IL 60604

**For more information visit [go.depaul.edu/immunizations](http://go.depaul.edu/immunizations)**