



DePaul University Medical Immunization Exemption

Student Information:		
Last Name	First Name and Middle Initial	Date of Birth (mm/dd/yyyy) ____/____/____
DePaul Student # ____-____-____-____	E-mail Address	Phone Number
Section 694.200 Medical Exemption Information (http://www.ilga.gov/commission/jcar/admincode/077/077006940C02000R.html)		
<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 am requesting a medical exemption to DePaul's immunization requirements.</p> <p>I understand that if I am exempted from DePaul's COVID-19 immunization requirements based upon a medical exemption, I must comply with COVID-19 testing as required by DePaul. I understand that failure to fully comply with DePaul's COVID-19 testing requirements may result in the revocation of my medical exemption. I further understand that if I am not in compliance with DePaul's testing or immunization requirements, I may be subject to consequences under the Code of Student Responsibility (including but not limited to administrative removal from my on-campus class(es) without reimbursement of costs, tuition, and fees and that such action could adversely impact my academic record).</p> <p>I am also verifying that I have reviewed the information presented above and, to the best of my knowledge, all information provided to DePaul in connection with this medical exemption request is correct, truthful, and accurate. I understand that if I provide false information to DePaul, or otherwise fail to comply with DePaul's policies, procedures, and reasonable directives, I may be subject to additional consequences as outlined in the Code of Student Responsibility.</p> <p>Student Signature : _____ Date: _____</p>		

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

Additional methods are:

Fax:
(312) 476-3200

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

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

For more information visit go.depaul.edu/immunizations