

DePaul University Medical Immunization Exemption

| Student Information: | | | |
|---|---------------|-------------------------------|----------------------------|
| Last Name | | First Name and Middle Initial | Date of Birth (mm/dd/yyyy) |
| | | | |
| DePaul Student # | E-mail Addres | S | Phone Number |
| | | | |
| Section 694.200 Medical Exemption Information (http://www.ilga.gov/commission/jcar/admincode/077/077006940C02000R.html) | | | |
| 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. | | | |
| 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> . | | | |
| 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. | | | |
| 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. | | | |
| I am requesting a medical exemption to DePaul's immunization requirements. | | | |
| 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. | | | |
| Student Signature : | | Date: | |

Where to Submit

Visit Med+Proctor directly or log into Campus Connect » Your Records » Immunization Status. New students can also find a link under the Admitted Student Homepage » Next Steps » Immunization Status.

For more information visit go.depaul.edu/immunizations