



Health Services
(phone) 630-844-5434
(fax) 630-844-5611

Immunization Exemption: Medical Reason

To be completed by student:

Student:	Birthdate:	Date:
<p>I am requesting medical exemption from the immunization requirements.</p> <p>Student Signature: _____</p>		

To be completed by physician:

Please evaluate the above named student's medical status and indicate below reason for medical exemption from the required immunizations.

	Tetanus, Diphtheria, Pertussis	MMR	Meningococcal Conjugate
Please indicate which immunization student needs medical exemption from.			

Reason for medical exemption:

If pregnant, please indicate estimated due date:

Physician Signature: _____	Physicians Name: _____
	Address: _____
	Phone Number: _____