

VACCINE EXEMPTION DECLARATION FORM

Section I: To be completed by student or guardian (if student is under 18)

As a student at Southern Illinois University, you are required to comply with State of Illinois Immunization Law Act 85-1315.

State of Illinois Administrative Code: <https://www.ilga.gov/commission/jcar/admincode/077/07700694sections.html>

Medical Exemption: See the **CDC guidance** regarding contraindications and precautions for vaccines.

Last Name: _____ First Name: _____

Middle: _____

Initial: _____

Student Email: _____ Date of Birth: ____/____/____ Dawg Tag: _____

Signature: _____
Student or guardian if under 18

Date: ____/____/____

Section II: Medical Exemption Request (to be completed by medical provider)

Medical Provider Certification of Contraindication: I certify that my patient (named above) should not be vaccinated against the following because they have one of the following contraindications:

- ☐ Measles, Mumps, Rubella (MMR)
- ☐ Tetanus, Diphtheria, Pertussis (Tdap)
- ☐ Meningococcal conjugate

☐ Documented anaphylactic allergic reaction or other severe adverse reaction to a vaccine – e.g., cardiovascular changes, respiratory distress, or history of treatment with epinephrine or other emergency medical attention to control symptoms. Generally, does not include gastro-intestinal symptoms as the sole presentation of allergy. Describe the specific reaction: _____

☐ Documented allergy to a component of the vaccine – does not include sore arm, local reaction or subsequent respiratory tract infection. Describe the specific reaction: _____

☐ Other documented contraindication. Please Explain: Information to be reviewed by infectious disease consultants for approval.

Signature of Healthcare Provider: _____

Name (print): _____

Address/Clinic Stamp: _____

Phone: (____) _____ - _____

Section III: Religious Beliefs Exemption Request (to be completed by student or guardian if under 18)

Requests for exemption based on religious beliefs: if the bona fide religious beliefs of a student (or the parent, guardian if under age 18) are contrary to the requirement for vaccination, the student will be exempt of the requirement upon submission of a written statement below of the bona fide religious beliefs and opposition to the immunization requirement.

Student statement: _____

My request for exemption applies to: ☐ All vaccines
☐ MMR
☐ TdaP
☐ Meningococcal

Signature: _____ Date: ____/____/____
Student or guardian if under 18

Once completed, students should upload the signed form to the document upload section of your Saluki Health Portal.
Questions: please contact Student Health Service at: fax: 618-453-4452/phone: 618-453-4326
email: immunizations@siu.edu
website: immunizations.siu.edu/

CONTACT INFO

Student Health Services
Southern Illinois University
Mail Code 6740
374 East Grand Avenue
Carbondale, IL 62901

phone: 618/453-3311
fax: 618/453-4088
shc.siu.edu