

Immunization Medical Exemption Form

Last Name	First Name	Date of Birth	L#
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Street Address	City	State	Zip Code	Home Telephone
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Medical Exemption

A medical exemption may be granted to any student who has a documented medical condition that prevents them from receiving the immunizations listed below. This form must be signed and stamped by a medical physician. Please mail or fax this form to the Lander University Wellness Center.

Measles, Mumps, Rubella Information

To prevent the risk of measles outbreak on campus, the Centers for Disease Control (CDC) and American College Health Association (ACHA) have advised students enrolling in a college or university to be immunized with two doses of the MMR (Measles, Mumps, Rubella) vaccine. For additional information on measles prevention and control, go to CDC's website: [Measles, Mumps and Rubella Vaccination](#)

Tetanus, Diphtheria, Pertussis Information (TDAP)

To prevent the risk of a Tetanus, Diphtheria or Pertussis outbreak on campus, the Centers for Disease Control (CDC) and American College Health Association (ACHA) have advised that students enrolling in a college or university receive an initial immunization with DTaP, DTP, DT or Td. For more information on Tetanus, Diphtheria, and Pertussis, go to the CDC's website at: [Tetanus, Diphtheria, and Pertussis Vaccination](#)

Meningococcal Information

Meningitis is an infection of the fluid of a person's spinal cord and the fluid surrounding the brain. Meningitis is usually caused by a viral or bacterial infection. A vaccine is available to protect against some strains of bacterial meningitis. This vaccine is required by all students; however, students may sign below to decline the vaccination. For more information on the Meningococcal vaccine, please visit the CDC website:

<https://www.cdc.gov/vaccines/vpd/mening/index.html>

****Physician Signature Required on reverse****

Physician Acknowledgement Statement

The student listed above is exempt from the required immunizations on grounds of permanent medical contraindication. (attach documentation)

Signed: _____
(Physician signature and stamp required)

Fax or mail to: Wellness Center
Lander University
CPO Box 6045
Greenwood, SC 29649
(864) 388-8456

Please visit our website at: <https://www.lander.edu/student-life/wellness-center>

