

Student Health Services • P.O. Box 43692 Lafayette, LA 70504-3692
Phone: (337) 482-1293 Fax: (337) 482-1872

Reason for exemption for the above-referenced immunization(s):

- If a medical exemption is declared, Student must return the completed Vaccine Exemption Physician Certification Form (attached) to Student Health Services at Patient Portal at ull.medicalconnect.com.

- If this exemption is requested, state the reason: _____

Pursuant to Louisiana R.S. § 17:170: In the event of an outbreak of a vaccine-preventable disease at University of Louisiana at Lafayette, the administrators are empowered, upon the recommendation of the Student Health Services, to allow a student to be exempted from the required immunization. -27(a)(1)

I am a physician licensed to practice medicine in a jurisdiction of the United States. By signing below, I certify that for _____ (patient name), the following vaccine(s) is(are) contraindicated for medical reasons (check all that apply):

The contraindication(s) is(are): Permanent Temporary

If temporary, the contraindication is expected to preclude immunizations until: Date _____

Physician Signature: _____ Date: _____

Physician Name: _____

Physician Specialty: _____

Physician License Number: _____