

## Medical Exemption for Influenza Vaccination

### USC Student Health Policy

USC requires all students to submit proof of influenza vaccination by November 1 of each year. Students can be exempt from this requirement if they have a medical contradiction to the vaccine.

*A list of established medical contraindications to vaccination can be found on the Centers for Disease Control and Prevention (CDC) website at [https://www.cdc.gov/flu/professionals/vaccination/vaccine\\_safety.htm](https://www.cdc.gov/flu/professionals/vaccination/vaccine_safety.htm).*

*If the student is under the age of 18, this statement should be provided and signed by the parent/guardian. If the student is 18 years old or older, then the statement should be provided by and signed by the student.*

*If more space is needed, please use the back of this page.*

Patient Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

USC ID# (10 digits): \_\_\_\_\_

Description of medical contraindication for influenza vaccination:

\_\_\_\_\_  
\_\_\_\_\_

This contraindication

Health Care Provider's Name (please print) \_\_\_\_\_

MD, DO, PA or NP (please circle)

License #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone number: \_\_\_\_\_

Practitioner Name/ Stamp (If available) \_\_\_\_\_

Signature of Authorized HCP. \_\_\_\_\_ Date \_\_\_\_\_

### Student or Parent /Guardian (if student is less than 18 years old)

I understand this Medical Exemption and have had the opportunity to ask questions about it. I verify the truth and accuracy of my statements in this Medical Exemption Form and acknowledge that declining vaccination may place me at greater risk of becoming ill with influenza.

If the medical exemption is temporary, I agree to submit the proper documentation showing proof of required immunization once the medical exemption has expired.

Student Signature \_\_\_\_\_

Parent/Guardian Signature (if student is under 18 years old) \_\_\_\_\_

For use by USC Student Health staff only:

Date Received:

Date Approved:

Date Denied:

Reviewer Name (Print):

Reviewer Signature: