

**Title: Medical Exemption from  
Immunization**

Date of Last Review/Revision: 8/22/2023

Approved by: A. Caldwell, Director of Health Services, 8/22/2023

Number of Pages/Forms: 1 page/2 associated forms



# SKIDMORE COLLEGE HEALTH SERVICES

815 North Broadway Saratoga Springs, NY 12866

Phone: 518-580-5550

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e-mail: health@skidmore.edu

I am requesting medical or religious exemption for the following mandated vaccine(s):

MMR (measles, mumps, rubella)

Meningococcal (quadrivalent, ACWY)

Tdap (tetanus, diphtheria, acellular pertussis)

Initial each statement in the space [ ] below:

[ ] I agree to hold Skidmore College harmless in the event of any illness or injury resulting from my inability to receive one of the above vaccines.

[ ] I understand that in the case of a v.2no.3n05(om)n(a)t5p2(n)ert10.7s-2(n)0.7(t)3(a)hhe-0.8(d)icas-d(42ns)6 5se r

[ ] I will be responsible for any expenses I may incur for such exclusion as described above.

[ ] I understand that I will be responsible for working with my faculty to make up any missed class work.

[ ] For applicable diseases, I understand I may be required to comply with testing or other preventive requirements.

[ ] I understand that participation in intercollegiate athletics may be restricted in accordance with NCAA and/or conference league mandates.

Name (Print) : \_\_\_\_\_

Signature: \_\_\_\_\_



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## MEDICAL CERTIFICATION FOR IMMUNIZATION EXEMPTION

### Student Information

Student Name: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

### Instructions for the \_\_\_\_\_ on Advisory Committee on Immunization

es, in accordance with Public Health Law Section 2

all medical exemption requests and may request additional information.

as to A Routine vaccine:

fever, cold, upper respiratory illness, diarrhea, otitis media)

ests to delay or withhold vaccinations without documentation from a

medical reasoning.

\_\_\_\_\_  
Include diagnosis, event, date, and