



UNIVERSITY Request for Medical Exemption to Immunizations

PETITION FOR EXEMPTION FROM THE REQUIREMENT OF PUBLIC ACT 85-1315,
MANDATORY PROOF OF IMMUNIZATION TO VACCINE PREVENTABLE
DISEASES ON MEDICAL GROUNDS

To be completed by the student's Primary Care Physician: Please explain the student's medical risks for receiving required immunizations.

Signature of Physician

____ / ____ / ____
Date

Name of Physician (Please Print)

Address of Physician's office

To Be Completed by the Student:

I understand that should an outbreak of a vaccine preventable disease occur on campus or in the community, I may be required to curtail my normal activities and may be asked to avoid contact with other people in the interest of public health. I further understand that should I contract a vaccine preventable disease, I will hold Elmhurst University harmless and will comply with any and all limitations placed upon me by Elmhurst University or Public Health Officials.

Signature of Student Date

Name (Please Print) Date of Birth Student Identification Number

Please submit this religious exemption to Elmhurst College Student Health Service, lower level of Niebuhr Hall, 10, 190 Prospect Ave., Elmhurst, IL 60126, phone (630) 617-3565 or fax (630) 617-3255 or email to studenthealth@elmhurst.edu.

The Wellness Center 190 Prospect Avenue (630) 617-3565 phone
Student Health Service Elmhurst, Illinois (630) 617-3255 fax
Counseling Services 60126-3296