

Vaccination Requirement

Student: You may exempt for Medical reasons. Complete and sign this form. A licensed healthcare provider must sign this form.

Upload the completed form to MedProctor.

Last Name	First	Middle

DOB (MM/DD/YYYY)	University ID Number	Semester Start (check one)
		<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20_____

The above named student requests an exemption for the following vaccine(s) (check all that apply):

- Hepatitis B
- Measles, Mumps, Rubella (MMR)
- COVID19 Vaccine

The above named student understands that by submitting the University of San Francisco Exemption form for one (1) or more vaccines required by the Vaccination Requirement, he/she exempts at his/her own risk. The student releases the University of San Francisco, its faculty, staff and students from any and all claims connected with an outbreak of disease or other public health immunization emergency on campus. Additionally, the student understands that he/she may be encouraged to leave campus until the situation has been resolved.

Student Signature (or Legal Guardian) _____

Print Name _____ Date Signed (MM/DD/YYYY)

Email of Student or Legal Guardian _____

TO BE COMPLETED BY A LICENSED HEALTHCARE PROVIDER:

Name of Provider _____

Name of Medical Institution _____

Address _____

City, State, Zip _____

Phone _____

Email _____

Medical Provider Signature _____ Date _____