



Office of Student Health Services
1 Drexel Drive – Box 36
New Orleans, La.70125

Office: (504) 520-7396
Fax: (504) 520-7962

REQUEST FOR MEDICAL EXEMPTION TO IMMUNIZATION AND/OR COVID-19 VACCINE

Name: _____ **Student ID#:** _____

DOB: _____ **XULA E-mail:** _____

Home Phone: _____ **Cellular Phone:** _____

<p>I request an exemption for the immunization(s) checked below: ___ Indefinite ___ Temporary Date Due: _____</p> <p>Measles ___ Mumps ___ Rubella ___ MMR ___ Tetanus ___ Meningitis ___ COVID-19 Vaccine ___</p> <p>I request exemption from immunizations and /or COVID-19 vaccine for the following reason checked below:</p> <p>Medical reasons: _____</p> <p>Personal beliefs: _____ (Attach statement) For State Immunizations Only</p>

Pursuant to Louisiana R.S.17:170: In the event of an outbreak of a vaccine-preventable disease at the location of an educational institution or facility enumerated in Subsection A of this Section, the administrators of that institution or facility are empowered, upon the recommendation of the Office of Public Health, to exclude from attendance unimmunized students and clients until the appropriate disease incubation period has expired or the unimmunized person presents evidence of immunization. I understand that if I claim exemption for the reason stated above I may be excluded from campus and classes in the event of an outbreak as stated in Louisiana State Legislature R.S.17:170. I also understand that if I claim exemption for the reason stated above I will not be allowed to reside in on-campus housing or any of the university satellite housing units located off the main campus.

If I am not 18 years of age, my parent or legal guardian must sign below. I do further hereby now and forever free and release the University and the Department of Health and Hospitals and all its agents, attending health care professionals, and other personnel from any and all legal or financial responsibility as a result of this refusal. I further understand that Xavier University of Louisiana is not required to provide this exemption if doing so would pose a direct threat to myself or others attending the university or would create an undue hardship for Xavier University of Louisiana. I understand that any falsified information can lead to disciplinary action imposed by the university's Student's Conduct Office.

Student Signature: _____ Date: ____/____/____
 (Student 17 yrs. or younger, parent or legal guardian must sign below.)

Parent/Guardian Signature: _____ Date: ____/____/____

Section 2 - Medical Certification for Vaccination Exemption

Dear Medical Provider,

Xavier University of Louisiana requires vaccination against COVID-19 as a requirement to enter the university. The individual named above is seeking an exemption to this policy due to medical contraindications. Please complete this form validating the medical claim.

My patient _____ should not receive the COVID-19 vaccine due to the following
Print Name

medical condition: _____.

I certify that I have medical documentation to support the above information to be true and accurate, and request exemption from the COVID-19 vaccination for the above-named individual.

Medical Provider Name (print): _____ MD / DO License#: _____

Medical Provider Signature: _____ Date: _____

Practice Address & Phone#: _____