



Instructions for filing for a medical exemption from submitting proof of Immunization.

The New York State Department of Health's **Immunization Handbook for Post Secondary Institutions** provides the following information regarding Medical Exemptions for students:

Medical Exemption

"If a licensed physician, physician assistant, or nurse practitioner, or licensed midwife caring for a pregnant student certifies in writing that the student has a health condition which is a valid contraindication to receiving a specific vaccine, then a permanent or temporary (for resolvable conditions such as pregnancy) exemption may be granted. This statement must specify those immunizations which may be detrimental and the length of time they may be detrimental. Provisions need to be made to review records of temporarily exempted persons periodically to see if contraindications still exist. In the event of an outbreak, medically exempt individuals should be protected from exposure. This may include exclusion from classes or campus."

In general, the following persons should not receive Measles, Mumps, or Rubella Vaccine without checking with a doctor.

- Previous anaphylactic reaction to this vaccine or to any of its components.
- Pregnancy or possibility of pregnancy within 4wks.
- Severe immunodeficiency (e.g., hematologic and solid tumors; receiving chemotherapy; congenital immunodeficiency; long-term immunosuppressive therapy; or severely symptomatic HIV).

Note: HIV infection is **NOT** a contraindication to MMR for those who are not severely immunocompromised (i.e., CD4+ T-lymphocyte counts are greater than or equal to 200 cells/ μ L).

The New York State Department of Health's **Immunization Handbook for Post Secondary Institutions** can be found on the Baruch College website at <http://www.baruch.cuny.edu/admission/immunization.htm>



BARUCH COLLEGE/City University of New York
Medical Records Unit
One Baruch Way
Box H-0720
New York, NY 10010

MEASLES, MUMPS, RUBELLA IMMUNIZATION EXEMPTION REQUEST

This form must be submitted for all requests for exemption from immunization requirements. **(Please review Instructions for filing for a medical exemption from submitting proof of Immunization).**

---- Health Reasons. The required statement from a licensed physician, physician assistant, or nurse practitioner, or licensed midwife specifying the immunizations which are detrimental to my health and the length of time these immunizations must be waived is attached to this form.

Date Submitted: _____

Name _____
Last First Middle

Social Security or Student# _____

Home Address _____

Home Phone () _____ - _____ Work Phone () _____ - _____

Notes:

- Request will be reviewed as soon as possible; a minimum of 1 week is required for the review.
- An interview may be needed before a decision can be made on this request,
- You will be notified by the Medical Records Unit if your request is approved or denied. If your request is denied, you may appeal the decision.

For Official Use

Date Approved: _____

Date Denied: _____