Medical Exemption

For Required Vaccinations



Instructions: Please print, read, and sign (student and physician). Form can be returned to Health Services using <u>one</u> of the following methods:

- Upload as an attachment in a secure message in the TheraNest Patient Portal (envelope icon) for students who have already created a Patient Portal account
- By mail: Carlow University Health Services, 3333 Fifth Ave., Pittsburgh, PA 15213

By fax: 412-578-6468
By email: hcs@carlow.ed

•	By email: hcs@ca	rlow.edu			
I have been advised by my physician that I should not receive vaccination for (circle all that apply):					
•	Measles		•	Hepatitis B	
•	Mumps		•	Meningitis	
•	Rubella		•	COVID-19	
Due to the following condition(s):					
life will l participa Departn	be expected to foll ation limitations) c	low continued restrict consistent with the CD tions. More specific e	ions (such as mask we	earing, social dista Pennsylvania, and	ng community and campus ancing, hand washing and d Allegheny County Health ew information and
For Athletes and Residential Students: Documented medical exemptions will be reviewed by Health Services in conjunction with the Athletics medical team (trainers, physician), when appropriate, and applied as determined appropriate through the currently established process for exemption consideration.					
Signatur	re of student				Date
Printed	name of student				
Signatur	re of physician				Date
Printed	name of physician				

Office telephone number