Medical Exemption
For Required Vaccinations

Instructions: Please print, read, and sign (student and physician). Form can be returned to Health Services using one 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.edu

I have been advised by my physician that I should not receive vaccination for (circle all that apply):

- Measles
- Mumps
- Rubella
- Hepatitis B
- Meningitis
- COVID-19

Due to the following condition(s):

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
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Please note: Unvaccinated individuals for COVID-19 who are participating in the learning community and campus life will be expected to follow continued restrictions (such as mask wearing, social distancing, hand washing and participation limitations) consistent with the CDC, Commonwealth of Pennsylvania, and Allegheny County Health Department recommendations. More specific expectations will be communicated as new information and guidance becomes available.

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.

Signature of student _______________________________ Date __________________

Printed name of student _______________________________

Signature of physician _______________________________ Date __________________

Printed name of physician _______________________________

Office telephone number _______________________________