

Student Health Services • P.O. Box 43692 Lafayette, LA 70504-3692
Phone: (337) 482-1293 Fax: (337) 482-1872

Reason for exemption for the above-referenced immunization(s):

- If a medical exemption is declared, Student must return the completed Vaccine Exemption Physician Certification Form (attached) to Student Health Services at Patient Portal at ull.medicalconnect.com.

- If this exemption is requested, state the reason: _____

Pursuant to Louisiana R.S. § 17:170: In the event of an outbreak of a vaccine-preventable disease at University of Louisiana at Lafayette, the administrators are empowered, upon the recommendation of the Student Health Services, to suspend the enrollment of any student who is not fully immunized against the disease. -27(a)(1)

I am a physician licensed to practice medicine in a jurisdiction of the United States. By signing below, I certify that for _____ (patient name), the following vaccine(s) is(are) contraindicated for medical reasons (check all that apply):

The contraindication(s) is(are): Permanent Temporary

If temporary, the contraindication is expected to preclude immunizations until: Date _____

Physician Signature: _____ Date: _____

Physician Name: _____

Physician Specialty: _____

Physician License Number: _____