



REQUEST FOR MEDICAL EXEMPTION: MMR IMMUNIZATION FOR MINORS (YOUNGER THAN 18 YEARS)

New York State public health law 2165 and University policy requires that all students document immunity to measles, mumps, and rubella.

**A medical exemption will be considered upon receipt of a completion of ALL THREE of the following requirements:**

1. Completion of the **St. John's University Request for Medical Exemption: MMR Immunization Form**
2. Completion of the **St. John's University Medical Exemption: MMR Immunization Provider Form**
  - a. This form must be filled out completely, in the English Language, from a MD, DO, NP, or PA, whose specialty is appropriate to the associated condition and is not a family member.
  - b. It must include:
    - i. A **specific diagnosis** of the condition or treatment which contraindicates an immunization.
    - ii. Duration of condition/treatment
    - iii. Any medications or other conditions that preclude further immunizations
3. Submission of Measles, Mumps, Rubella (MMR) Titers, which is a blood test that determines immunity. This must be submitted so that the University is aware of the student's immunity status in the event of a MMR outbreak. Exemption approval will not be granted without knowledge of current antibody levels.

Medical exemptions expire when the medical condition(s) contraindicating immunization changes in a manner which permits immunization or upon expected graduation date. The assigned expiration is at the discretion of St. John's University Student Health Services.

In the event of an outbreak of any of the vaccine preventable diseases covered by this law on or near campus, students holding exemptions may be excluded from all campus activities, for their protection, until the outbreak is declared to be over.

**Please allow 14 business days for your request to be processed.** After your request has been reviewed and processed, you will be notified in writing if an exemption has been granted. If the approved exemption expires prior to your expected graduation date, you will be expected to complete the requirement at the exemption's expiration. Should the condition continue, or a new immunization contraindication occur, a new request with uploaded documentation is required.

Please read the Center for Disease Control [MMR Vaccine Information Statement](#) below, complete the following page of this form, attach all supplemental materials and upload all documents to the St. John's University Medical Patient Portal ([signon.stjohns.edu](http://signon.stjohns.edu)).

**Center for Disease Control (CDC) MMR Vaccine (Measles, Mumps, and Rubella): What You Need to Know:**

1. **Why get vaccinated?**
  - a. MMR vaccine can prevent measles, mumps, and rubella.
    - i. MEASLES (M) causes fever, cough, runny nose, and red, watery eyes, commonly followed by a rash that covers the whole body. It can lead to seizures (often



associated with fever), ear infections, diarrhea, and pneumonia. Rarely, measles can cause brain damage or death.

- ii. MUMPS (M) causes fever, headache, muscle aches, tiredness, loss of appetite, and swollen and tender salivary glands under the ears. It can lead to deafness, swelling of the brain and/or spinal cord covering, painful swelling of the testicles or ovaries, and, very rarely, death.
- iii. RUBELLA (R) causes fever, sore throat, rash, headache, and eye irritation. It can cause arthritis in up to half of teenage and adult women. If a person gets rubella while they are pregnant, they could have a miscarriage or the baby could be born with serious birth defects.
- iv. Most people who are vaccinated with MMR will be protected for life. Vaccines and high rates of vaccination have made these diseases much less common in the United States.

## **2. MMR vaccine**

- a. Children need 2 doses of MMR vaccine, usually:
  - i. First dose at age 12 through 15 months
  - ii. Second dose at age 4 through 6 years
- b. Infants who will be traveling outside the United States when they are between 6 and 11 months of age should get a dose of MMR vaccine before travel. These children should still get 2 additional doses at the recommended ages for long-lasting protection.
- c. Older children, adolescents, and adults also need 1 or 2 doses of MMR vaccine if they are not already immune to measles, mumps, and rubella. Your health care provider can help you determine how many doses you need. A third dose of MMR might be recommended for certain people in mumps outbreak situations. MMR vaccine may be given at the same time as other vaccines. Children 12 months through 12 years of age might receive MMR vaccine together with varicella vaccine in a single shot, known as MMRV. Your health care provider can give you more information.

## **3. Talk to your health care provider**

- a. Tell your vaccination provider if the person getting the vaccine:
  - i. Has had an allergic reaction after a previous dose of MMR or MMRV vaccine, or has any severe, life-threatening allergies
  - ii. Is pregnant or thinks they might be pregnant— pregnant people should not get MMR vaccine
  - iii. Has a weakened immune system, or has a parent, brother, or sister with a history of hereditary or congenital immune system problems
  - iv. Has ever had a condition that makes him or her bruise or bleed easily
  - v. Has recently had a blood transfusion or received other blood products
  - vi. Has tuberculosis
  - vii. Has gotten any other vaccines in the past 4 weeks
  - viii. In some cases, your health care provider may decide to postpone MMR vaccination until a future visit. People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting MMR vaccine. Your health care provider can give you more information.

## **4. Risks of a vaccine Reaction**

- a. Sore arm from the injection or redness where the shot is given, fever, and a mild rash can happen after MMR vaccination.



- b. Swelling of the glands in the cheeks or neck or temporary pain and stiffness in the joints (mostly in teenage or adult women) sometimes occur after MMR vaccination.
  - c. More serious reactions happen rarely. These can include seizures (often associated with fever) or temporary low platelet count that can cause unusual bleeding or bruising.
  - d. In people with serious immune system problems, this vaccine may cause an infection that may be life-threatening. People with serious immune system problems should not get MMR vaccine.
  - e. People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.
  - f. As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.
5. **What if there is a serious problem?**
- a. An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call 9-1-1 and get the person to the nearest hospital. For other signs that concern you, call your health care provider. Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or call 1-800-822-7967. VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.
6. **The National Vaccine Injury Compensation Program**
- a. The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation) or call 1-800-338-2382 to learn about the program and about filing a claim.
7. **How can I learn more?**
- a. Ask your health care provider.
  - b. Call your local or state health department.
  - c. Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at [www.fda.gov/vaccines-blood-biologics/vaccines](http://www.fda.gov/vaccines-blood-biologics/vaccines).
  - d. Contact the Centers for Disease Control and Prevention (CDC): -Call 1-800-232-4636 (1-800-CDC-INFO) or -Visit CDC's website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines).

Initial next to each of the statements below:

	I give the representatives from St. John's University permission to speak with the medical provider and/or medical office I have named, regarding my application for medical exemption from the MMR vaccination.
	I request exemption from immunization requirements due to my current medical condition. I understand the risks of non-immunization. I accept full responsibility for my health, thus removing liability from St. John's University to the required immunizations.
	I understand that in the event of an outbreak or threatened outbreak, I may be temporarily excluded from classes, residence halls, and any sponsored activities on campus. I agree to comply with these restrictions and accept responsibility for communicating with my faculty and advisors. I further understand that restrictions from campus, including but not limited to classes and living spaces, do not entitle me to any reduction in tuition, housing charges, or other University fees.



	Should I contract a communicable or contagious disease, I will immediately report it to St. John's University Student Health Services and comply with the isolation and quarantine procedures specified by the University and remove myself from the University community if so advised.
	I acknowledge that I have read the <a href="#">MMR Vaccine Information Statement</a> . I understand that this exemption will expire when the medical condition(s) contraindicating immunization changes in a manner which permits immunization.
	I understand and agree to comply with and abide by all St. John's University policies and procedures.
	I understand that this exception is only valid for the approved period and I may need to submit a new request for any subsequent changes or new medical contraindications.
	I certify that the information I have provided on and in connection with this request is accurate and complete.

**Student Information:**

Student Name: _____	X Number _____
University Email: _____	Phone: _____

**Parent/Guardian Information:**

Printed Name _____	Parent/Guardian
Relationship to Student: _____	
Parent/Guardian Email: _____	
Parent/Guardian Phone Number: _____	
Parent/Guardian Signature: _____	