

Students may exempt from one (1) or more of the Vaccination Requirement(s) for medical reasons.*

Instructions: Please fill out and sign the form. Your licensed medical provider will complete the Medical Exemption Requested section. Upload the completed form to MyBuckMD OR **email** to vaccination@osu.edu OR **fax** to 614-292-7042 OR **mail** to Health Information Services, 1875 Millikin Rd., Columbus, OH 43210

MEDICAL EXEMPTION - Vaccination Requirement

Last Name	First	Middle
Date of Birth mm/dd/yyyy	University ID Number (8 or 9 digits)	Semester Start (check one): Fall Spring Summer 20_____

The above-named student requests an exemption for the following vaccine(s) (check all that apply):

- Hepatitis B
- Measles
- Mumps
- Rubella
- Meningococcal conjugate (ACWY)
- Tetanus/Diphtheria/Pertussis (Tdap)
- Varicella

Student Signature _____ Date m m / d d / y y y y

The above-named student requests the following exemption:

Medical Exemption Requested

Signature of licensed medical provider (MD, DO, PA, NP) and NPI number required.

TO BE COMPLETED BY LICENSED MEDICAL PROVIDER (MD, DO, PA, NP):	
Provider Printed Name	Phone
Provider Signature/Credentials _____	Date m m / d d / y y y y
Provider NPI	
Office Stamp:	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>

**This exemption is not valid for Health Professional Programs. If you are a student in an Ohio State University Health Professional Program such as nursing, dental, medical, etc., this form will not be accepted by your program. This form will only be accepted for The Ohio State University Vaccination Requirement.*