

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](http://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 allow a student to be exempted from the required immunization. -27(a)(1)

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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: \_\_\_\_\_