

University - Medical Immunization Exemption Certificate

For Use in Universities

Nevada SateImmunizationProgram • 4150 Technology Way Suite 210 • CarsonCity, NV 89706 http://dpbhnv.gov/Programs/mmunizations • (775) 684-5900 • nviz@health.nxgov

Instructions for completing a Medical Immunization Exemption Certificate

- Section 1: Enter university and student information.
- Section 2: For health care provider use only. Please provide name, address, vaccine contraindication(s), signature and date.

Section 1: University and Student Information				
Name of University (accepting exemption)	reet Address	City	Zip Code	Phone
Student Name		Date of Birth	NSHE ID#	
Street Address		City	Zip Code	Phone
Section 2: For Healthcare Provider Use Only - F	Provide name, address	, vaccine contrain	dication(s), sig	gnature, and date.
Name of Healthcare Provider Str	reet Address	City	Zip Code	Phone
I certify that due to a contraindication(s), the above The contraindication(s) marked below is in accordal American Academy of Pediatrics (AAP) guidelines, The ACMAC	nce with the Advisory Col or vaccine package inser	mmittee on Immuniz t instructions: (Chec	ation Practices k where application	(ACIP) guidelines,
☐ MenACWY	☐ MMR ☐ Td/Tda	•		
Permanent Contraindications	Temporary Contra	aindications until (date)
 □ Serious allergic reaction (e.g., anaphylaxis) after a previous vaccine dose (General for all vaccines) □ Serious allergic reaction (e.g., anaphylaxis) to a vaccomponent (General for all vaccines) □ Previous encephalopathy not attributable to anoth identifiable cause within 7 days of administration of previous dose of DTaP/DTP/Tdap □ Progressive neurological problem after DTaP/DTF □ MMR contraindicated because of immunodeficient due to any cause □ Varicella contraindicated with substantial suppress of cellular immunity □ Other	(MMR, Varicella) Student is pregn Thrombocytoper Other Precautions Any of the condition Neurologic disor Fever of >105° F Seizure or convo	□ Other □ Precautions Any of the conditions below after a previous dose of DTP or DTaP: □ Neurologic disorder – unstable or evolving □ Fever of >105° F (40.5° C) unexplained by another cause (within 48 hrs) □ Seizure or convulsion within 72 hours □ Persistent, inconsolable crying lasting > 3 hours (within 48 hours) □ Collapse or shock like state (within 48 hours) □ Guillain-Barré Syndrome (within 6 weeks) Other precautions for required vaccines:		
Precaution for DTaP, DT, Td, Tdap	oue toyeld vessine for at l	and 10 years		
History of arthus-type hypersensitivity, defer Tetar Parent/student has been informed that if an outbreak by the university administrative head for a period of time ase-by-case analysis of public health risk.	of vaccine-preventable dis	sease should occur,	an exempt stud Public and Beha	dent will be excluded vioral Health based o
MD, DO, or APRN Signature only a Nevada-licensed DO, MD or APRN may sign form unles		License or designee.	Number	Date
Section 3: For University Official Use Only: Plea	ase provide date and s	ignatures		
Coolidit 6. 1 of Offiverally Children Coc Chily. 1 lot				

It is the responsibility of the administrative head of the university to secure compliance with the regulations. The administrative head of the university shall exclude students who have not received the minimum number of required immunizations and who are not exempt pursuant to the regulations.