

DHHS 3995: Wake Forest University Physician's Request For Medical Exemption

Last Name	First Name	Middle Initial	Preferred Name	Date of Birth	WFU ID #
Home Address Street		City	ST	ZIP	County

Purpose: To provide physicians licensed to practice medicine with a mechanism to request a medical exemption to a required immunization(s), pursuant to NC G.S. 130A-156, for a contraindication not adopted by the NC Commission for Public Health under 10A NCAC 41A .0404 and, therefore, not included on the Medical Exemption Request Form. Physicians shall state the specific vaccine(s) the individual should not receive, the basis of the request, and the length of time the requested exemption will apply for the individual. This request is subject to review by the State Health Director and/or the WFU Infectious Diseases Consultant. The State Health Director may grant or deny a medical exemption to the requested vaccine(s).

INSTRUCTIONS

1. Complete and sign the form.
2. Provide documentation necessary to support the request (clinic notes, labs, etc.).
3. Provide a copy to the person requesting the medical exemption.
4. Submit completed form, supporting documentation and the current immunization record by either (a) uploading to the patient's Student Health Portal (under Exemption Forms) or (b) mail to: Student Health Service, P.O. Box 7386 | Winston-Salem, NC 27109

Please mark the vaccine(s) that the proposed medical exemption(s) applies to:		
<input type="checkbox"/> Tdap	<input type="checkbox"/> Varicella	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> DT/Td	<input type="checkbox"/> IPV	<input type="checkbox"/> Meningococcal Conjugate (MenACWY)
<input type="checkbox"/> MMR	<input type="checkbox"/> COVID-19	

For each vaccine marked above, please describe the contraindication(s) and the proposed length of time that would apply (attach additional pages if necessary):

A physician (M.D. or D.O.) must complete and sign this form.

Name (print):	Date:
Office Address:	
Signature:	Phone: