



Office of Student Health Services

## Immunization Requirements (Medical Exemption Form)

### Student Information

Last Name	First Name	Middle Initial	Birthdate	
Street Address	City	County	Zip Code	Home Telephone
Parent/Guardian's Name			Parents/Guardian's Work Telephone	

### Medical Exemption

A medical exemption may be granted to any student who signs the below acknowledging having a medical condition that precludes the student from receiving vaccinations. Please mail or fax this form to Coastal Carolina University's Student Health Services along with documentation from a physician, nurse practitioner, or physician assistant stating that you have a medical condition and/or contraindication to receiving vaccinations.

### Measles, Mumps, Rubella Information (MMR)

To prevent the risk of measles outbreak on campus, the Centers for Disease Control (CDC) and American College Health Association (ACHA) have advised students enrolling in a college or university to be immunized with two doses of the MMR (Measles, Mumps, Rubella) vaccine. For additional information on measles prevention and control, go to CDC's website: <http://www.cdc.gov/vaccines/vpd-vac/measles>.

### Tetanus, Diphtheria, Pertussis Information (TDAP)

To prevent the risk of a Tetanus, Diphtheria or Pertussis outbreak on campus, the Centers for Disease Control (CDC) and American College Health Association (ACHA) have advised that students enrolling in a college or university receive an initial immunization with DTap, DTP, DT or Td. For more information on Tetanus, Diphtheria and Pertussis, go to the CDC's website at: <http://www.cdc.gov/vaccines/vpd-vac/combo-vaccines/DTaP-Td-DT/Tdap.htm>.

### Acknowledgement Statement

I have read and understand the MMR and TDAP Information above and I understand the risks and benefits of the MMR and TDAP vaccines. I hereby acknowledge that I have a medical condition that precludes me from receiving vaccinations.

Signed: \_\_\_\_\_  
(Parent signature required if student is younger than 18 years old.)

**Please return this form to below address six weeks prior to registering for classes:**

Coastal Carolina University, Student Health Services, 251 University Boulevard, Conway, SC 29526

Phone: (843) 349-6543; Fax: (843) 349-6546