NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

NEVADA STATE IMMUNIZATION PROGRAM

University – Medical Immunization Exemption Certificate

For Use in Universities

Nevada State Immunization Program • 4150 Technology Way Suite 210 • Carson City, NV 89706 http://dpbh.nv.gov/Programs/Immunizations/ • (775) 684-5900
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Instructions for completing a Medical Immunization Exemption Certificate

Section 1: Enter university and student information. Student to provide signature and date (or parent / guardian if student is under 18)
Section 2: For health care provider use only. Please provide name, address, vaccine contraindication(s), signature, and date.
Section 3: For university use only: Obtain university signatures and dates.

Please turn this form into your university.

Section 1: University and Student Information

Name of University (accepting exemption)	Street Address	City	Zip Code	Phone
Student's Name		Date of Birth	NSHE ID#	
Street Address		City	Zip Code	Phone

Student Signature (or Parent/Guardian if under 18) ______________________ Date ____________

Section 2: For Healthcare Provider Use Only - Provide name, address, vaccine contraindication(s), signature, and date.

Name of Healthcare Provider	Street Address	City	Zip Code	Phone

1. I certify that due to a contraindication(s), the above named student is exempt from receiving the required vaccine(s)
2. The contraindication(s) marked below is in accordance with the Advisory Committee on Immunization Practices (ACIP) guidelines, American Academy of Pediatrics (AAP) guidelines, or vaccine package insert instructions: (Check where applicable)

☐ **DTaP** ☐ **Hepatitis A** ☐ **Hepatitis B** ☐ **IPV** ☐ **MenACWY** ☐ **MMR** ☐ **Td/Tdap** ☐ **Varicella**

Permanent Contraindications

- ☐ Serious allergic reaction (e.g., anaphylaxis) after a previous vaccine dose (General for all vaccines)
- ☐ Serious allergic reaction (e.g., anaphylaxis) to a vaccine component (General for all vaccines)
- ☐ Previous encephalopathy not attributable to another identifiable cause within 7 days of administration of previous dose of DTaP/DTP/Tdap
- ☐ Progressive neurological problem after DTaP/DTP
- ☐ MMR contraindicated because of immunodeficiency, due to any cause
- ☐ Varicella contraindicated with substantial suppression of cellular immunity
- ☐ Other ______________________

Temporary Contraindications until (date ______________)

- ☐ Recent administration of an antibody-containing blood product (MMR, Varicella)
- ☐ Student is pregnant (MMR, Varicella)
- ☐ Thrombocytopenia/thrombocytopenic purpura - now or by history (MMR)
- ☐ 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

- ☐ History of arthus-type hypersensitivity, defer Tetanus-toxoid vaccine for at least 10 years

Parent/student has been informed that if an outbreak of vaccine-preventable disease should occur, an exempt student will be excluded from university by the university administrative head for a period of time as determined by the Nevada Division of Public and Behavioral Health based on a case-by-case analysis of public health risk.

MD, DO, or APRN Signature ______________________ License Number ____________ Date ____________

Only a licensed DO, MD or APRN may sign form unless representing a tribal clinic or designee.

Section 3: For University Official Use Only: Please provide date and signatures

University Enrollment Official or Designee Signature ______________________ Date ____________

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.