

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 suspend the admission of students who are not fully immunized against the disease. -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: \_\_\_\_\_