



I, _____, decline the immunization(s) required for enrollment
(print name)
as a student within the University of Maine System.

I am seeking an exemption to the following immunization(s) *(please check all that apply)*:

- ☐ First MMR (measles, mumps, rubella)
- ☐ Second MMR (measles, mumps, rubella)
- ☐ Tetanus-Diphtheria

Under Maine law, the only basis for exemption to the mandatory student immunizations is for medical reasons. To obtain a medical exemption, a licensed physician, nurse practitioner or physician assistant must complete and sign the attached form indicating that, in the provider's professional judgment, it may be medically inadvisable for the student to obtain the note immunizations.

By signing this form, I understand that I will be quarantined from the campus should an outbreak of the disease(s) for which I have declined immunization occur. I agree to hold the University of Maine System harmless in the event of any illness or injury resulting from my non-compliance with their immunization requirements.

Student Signature: _____

Date: _____

Parent Signature:

(If student is a minor) _____

Date: _____

Student ID#: _____ Student Date of Birth: _____



Medical Exemption to Maine State-mandated Student Immunizations

Student/Patient Name: _____

Student ID#: _____ Date of Birth: _____

Under Maine State immunization laws, all medical exemptions to State-mandated student immunizations must be certified in writing by a licensed physician, nurse practitioner or physician assistant stating that, in the provider's professional judgment, immunization against one or more of the diseases may be medically inadvisable due to one of the reasons indicated below. The provider must check the boxes that apply and sign the form. The form can be uploaded by visiting: <https://umaineportal.pointnclick.com> using your @maine.edu email credentials OR can be returned to: Shared Processing Center, University of Maine System, PO Box 412, Bangor, ME 04402-0412

By signing below, I certify that in my professional opinion it is medically inadvisable for the above-listed individual to receive the following immunization(s) for the following reasons. **PLEASE NOTE:** Each medical exemption must specify at least one of the reasons listed below:

- **Tetanus-diphtheria toxoid:**

- ☐ Having received tetanus toxoid or tetanus-diphtheria toxoid within 5 years of enrollment
- ☐ A hypersensitivity reaction to a prior dose of tetanus toxoid or tetanus diphtheria toxoid

- **Measles, mumps, and rubella vaccine (MMR):**

- ☐ Pregnancy, or planning to become pregnant within 3 months
- ☐ A history of anaphylactic reaction following egg ingestion or receipt of neomycin
- ☐ Altered immunocompetence, as occurs with leukemia, lymphoma, generalized malignancy, or therapy with alkylating agents, antimetabolites, radiation, or large doses of corticosteroids

Physician/Provider Name: _____

Physician/Provider Signature: _____

Medical License #: _____

Date: _____