

## Student Health & Wellness Center Medical Immunization Exemption

Student Information:		
Last/Family/Surname	First Name	Date of Birth (mm/dd/yyyy)
IIT Student ID# (CWID)	E-mail Address	Phone Number

### Section 694.200 Medical Exemption Information

<http://www.ilga.gov/commission/jcar/admincode/077/077006940C02000R.html>

- A. A student may be exempted from one or more of the specific immunization requirements specified in this part upon acceptance by the designated record keeping office of a written statement by a physician indicating the nature and probable duration of the medical condition or circumstances that contraindicates such immunization(s), identifying the specific vaccine(s) which could be detrimental to the student's health. Please attach documentation.
- B. Female students may be granted temporary exemption from immunization against measles, mumps, and rubella under subsection (a) above if pregnancy or suspected pregnancy is certified by a written physician's statement. Please attach documentation.
- C. If student is on an approved schedule of receipt of all necessary doses of Td vaccine, the student will be granted temporary medical exemption for the duration of the approved schedule.
- D. If a student's medical condition or circumstances later permit immunization, the exemption(s) granted under subsection (a), (b) or (c) above shall thereupon terminate and the student shall be required to obtain the immunization(s) from which the student has been exempted.

I hereby request the medical exemption to the Immunization Requirements. I verify that all documentation presented is current and accurate. I also understand that I am subject to the repercussions of falsifying information outlined in the Illinois Institute of Technology Code of Academic Honesty. I understand and agree that in the event of an outbreak of a vaccine-preventable disease or for other health-related reasons, Illinois Institute of Technology reserves the right to deny non-immunized students access to campus or other facilities.

Student Signature: \_\_\_\_\_ Date (mm/dd/yy): \_\_\_\_\_

To submit immunization records:  
IIT Student Health & Wellness Center  
IIT Tower, 3rd Floor  
10 W 35th St  
Chicago, IL 60609  
Fax: 312-567-5702

Email: [student.health@iit.edu](mailto:student.health@iit.edu)

For more information please visit our website at <http://www.iit.edu/shwc/>