



Pratt Institute Health Services
 200 Willoughby Avenue
 Willoughby Hall
 Brooklyn, NY 11205
 Phone: 718-399-4542
 Fax: 718-399-4544
 health@pratt.edu

Vaccination Exemption Request Form

Name: _____
Last First MI

Date of Birth: _____ Pratt ID #: _____
Month Day Year

Parent/Guardian Name (if under 18): _____
Last First

Parent/Guardian Daytime Phone: _____

All Pratt students must receive the required vaccinations as per New York State Department of Health guidelines unless an exemption has been granted on the basis of a medical contraindication or religious tenets or beliefs.

I am requesting the following exemption from the mandatory immunization requirements (select one and provide the required information):

Medical Exemption

I certify that the person named on this form is medically exempted from the requirement for the following vaccines:

DTP/DTaP/Tdap: _____ DT/Td: _____ OPV/IPV: _____ Hib: _____ Pneum: _____ Meningococcal: _____

Measles: _____ Mumps: _____ Rubella: _____ HBV: _____ Varicella: _____ 2-Step TST/IGRA: _____ COVID-19: _____

Reason: _____

This contraindication is permanent: _____ OR temporary: _____ and expected to preclude immunizations until:

Date: _____
Month Day Year

Print name of licensed health care provider (MD/DO/PA/ARNP)

Signature/Stamp or Provider

Date

If a licensed physician, physician assistant, or nurse practitioner, or licensed midwife caring for a pregnant student certifies in writing that the student has a health condition which is a valid contraindication to receiving a specific vaccine, then a permanent or temporary (for resolvable conditions such as pregnancy) exemption may be granted. This statement must specify those immunizations which may be detrimental and the length of time they may be detrimental. Provisions need to be made to review records of temporarily exempted persons periodically to see if contraindications still exist.

Religious Exemption

I request exemption from the following vaccine(s):

Measles: _____ Mumps: _____ Rubella: _____ COVID-19: _____ Other: _____

Written statement must accompany this form.

A student may be exempt from vaccination if, in the opinion of the institution, that student or student's parent(s) or guardian of those less than 18 years old holds genuine and sincere religious beliefs which are contrary to the practice of immunization. Requests for exemptions must be written and signed by the student if 18 years of age or older, or parent(s), or guardian if under the age of 18. The institution may require supporting documents. It is not required that a religious exemption statement be notarized.

I certify that the information provided here is correct and verifiable, I understand that if there is an outbreak of a vaccine-preventable disease the student has not been fully immunized against (as indicated above, for medical or religious reasons), the student may be at risk for disease and will be excluded from the institute campus until the outbreak is over. This form is subject to approval by Pratt Health Services.

Signature of student or parent/guardian if student is under 18 years old

Date