



VACCINATION REQUIREMENT – EXEMPTION

STUDENT: After filling out this form, please print it and sign it. Also have it signed by a Medical Provider and or Notary and sealed by a Notary if needed. You can scan the signed form and attach it to an e-mail.

Send it to: housing@ysu.edu or mail to: Housing & Residence Life - One University Plaza - Youngstown, OH 44555.

LICENSED MEDICAL PROVIDER (MD, DO, PA and NP) Return completed form to student for submission to Youngstown State University.

Full Name: _____
 (Last) (First) (Middle)

Date of Birth _____ University ID Number **Y**-_____

The above named student requests an exemption for the following vaccine(s).

Tdap MMR Polio
 Hepatitis B Varicella Meningococcal conjugate (ACWY)

I understand that by declining, in the event of an on campus outbreak, I may be required to leave the residence halls/apartments or campus and my class absence may not be excused.

Student Signature _____ Date _____

Medical Exemption Requested

Signature of licensed medical provider (MD, DO, PA, NP) and NPI number required.

TO BE COMPLETED BY LICENSED MEDICAL PROVIDER (MD, DO, PA, NP):

Provider Printed Name _____ Phone _____

Provider Signature/Credentials _____ Date _____

Provider NPI _____

Good Cause/Religious/Philosophical/Moral Conviction Exemption Requested

Notarization by Notary Public Required of Student Signature

TO BE COMPLETED BY NOTARY PUBLIC:

Signature and Seal of Notary _____

Subscribed and sworn before me on the _____ day of _____ 20 _____

Note: A Notary is available at no charge at the Housing & Residence Life office.