Colleges – Medical Immunization Exemption Certificate

For Use in Community Colleges and State Colleges

Nevada State Immunization Program • 4150 Technology Way Suite 210 • Carson City, NV 89706
http://dpbh.nv.gov/Programs/Immunizations/ • (775) 684-5900 • nviz@health.nv.gov

Instructions for completing a Medical Immunization Exemption Certificate

Section 1: Enter college and student information.

Section 2: For health care provider use only. Please provide name, address, vaccine contraindication(s), signature and date.

Section 3: For college use only: Obtain college signatures and dates.

Section 1: College and Student Information				
Name of College (accepting exemption)	Street Address	City	Zip Code	Phone
Student Name		Date of Birth	NSHE ID#	
Street Address		City	Zip Code	Phone
Section 2: For Healthcare Provider Use Only - Provide name, address, vaccine contraindication(s), signature, and date.				
Name of Healthcare Provider	Street Address	City	Zip Code	Phone

1. I certify that due to a contraindication(s), the above named student is exempt from receiving the required vaccine(s)
2. The contraindication(s) marked below is in accordance with the Advisory Committee on Immunization Practices (ACIP) guidelines, American Academy of Pediatrics (AAP) guidelines, or vaccine package insert instructions: (Check where applicable)

☐ COVID-19

Permanent Contraindications

☐ Serious allergic reaction (e.g., anaphylaxis) after a previous vaccine dose (General for all vaccines)

☐ Serious allergic reaction (e.g., anaphylaxis) to a vaccine component (General for all vaccines)

☐ Other _____

Parent/student has been informed that if an outbreak of vaccine-preventable disease should occur, an exempt student will be excluded from community college and/or state college by the college administrative head for a period of time as determined by the Nevada Division of Public and Behavioral Health based on a case-by-case analysis of public health risk.

MD, DO, or APRN Signature	License Number	Date

Only a Nevada-licensed DO, MD or APRN may sign form unless representing a tribal clinic or designee.

Section 3: For College Official Use Only: Please provide date and signatures

College Enrollment Official or Designee Signature	Date

It is the responsibility of the administrative head of the college to secure compliance with the regulations. The administrative head of the college shall exclude students who have not received the minimum number of required immunizations and who are not exempt pursuant to the regulations.