

UNIVERSITY OF WYOMING
STUDENT HEALTH SERVICE

Dept. 3068
1000 E. University Ave.
Laramie, WY 82071

MEDICAL EXEMPTION TO MANDATORY
MMR IMMUNIZATION REQUIREMENT

Name _____
Last First Middle

Date of Birth _____ W# _____

Phone Number _____

Permanent Address _____
Street address/PO Box City/State/Zip code/Country

Exemption to the MMR immunization requirement may be granted for a medical reason. If an outbreak of any of these three illnesses occurs on the UW campus, students with a medical exemption will be excluded from campus for the duration of the outbreak.

Medical exemption **REQUIRES THE SIGNATURE OF A MEDICAL PROVIDER**

The above student is exempt from the MMR immunization requirement due to the following medical contraindication:

Medical Provider Signature

Date