



Jamestown Community College

525 Falconer St. PO Box 20 Jamestown, NY 14702-0020

Phone: 716-338-1013 Fax: 716.338.1461

260 North Union St. PO Box 5901 Olean, NY 14760-5901

Phone: 716.376.7569 Fax: 716.376.7021

**JCC Health Center
MMR Vaccination Medical Exemption Form**

Name: _____

Middle Initial: _____

Date of Birth: _____ J# _____

Student Email: 1. _____

2. _____

Phone number _____

Signature: _____ Student or guardian if under 18

Date: _____

Section II: Medical Exemption Request (to be completed by medical provider)

Medical Provider Certification of Contraindication: I certify that my patient (named above) should not be vaccinated against MMR.

Documented anaphylactic allergic reaction or other severe adverse reaction to any vaccine – e.g., cardiovascular changes, respiratory distress, or history of treatment with epinephrine or other emergency medical attention to control symptoms. Please describe the specific reaction:

Other documented medical contraindication or condition. Please Explain:

Name of Health Care Provider (print):

Address: _____

Phone: _____

Signature of Healthcare Provider: _____

Once completed, students should email or fax form to the Health Center at:
HealthCenter@mail.sunyjc.edu Fax: 716.338.1461 Jamestown Campus

Anyone who submits false documentation or knowingly submits false information in pursuit of the exemption is in violation of the school's Constitution / Code of Conduct and applicable policy and will be subject to discipline.

Signature: _____ **parent or guardian if under 18**

Date: _____