**Instructions for completing a Medical Immunization Exemption Certificate**

**Section 1:** Enter college and student information.

**Section 2:** For healthcare 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

<table>
<thead>
<tr>
<th>Name of College (accepting exemption)</th>
<th>Street Address</th>
<th>City</th>
<th>Zip Code</th>
<th>Phone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Date of Birth</th>
<th>NSHE ID#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>City</td>
<td>Zip Code</td>
</tr>
</tbody>
</table>

### 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.

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**MD, DO, or APRN Signature**

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

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

<table>
<thead>
<tr>
<th>College Enrollment Official or Designee Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

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.

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