

**MICA Influenza Vaccine Exception
Medical Exception Request Form**

Please Print the following

Name: _____ Date of birth: _____

Phone: _____ Date of request: _____

To be completed by a healthcare provider

MICA has instituted a requirement that students obtain an annual influenza (flu) vaccination during the 2024-2025 flu season. Annual flu vaccine has been a long-standing recommendation for most populations from the CDC. However, the CDC has outlined some groups that should not receive any current formulation of the flu vaccine. The above-named person is requesting an exception to the MICA mandatory flu vaccine policy and will require documentation of one of the contraindications recognized by the CDC's Advisory Committee on Immunization Practices (ACIP).

Please complete the form below*

Should you have any questions, please contact MICA Student Health Services at 410-225-4118.

Please fax or mail this completed form to:

MICA Student Health Services
1501 West Mount Royal Ave
2nd Floor
Baltimore, MD 21217
Fax: 410-225-0252

The above person should not be immunized for influenza for the following reason(s):

- Severe, life-threatening allergy to the vaccine or any component to the vaccine
- History of Guillain-Barre Syndrome within six weeks after a previous influenza vaccine
- Other – please describe in detail along with documentation submitted with this form

***Supporting documentation or medical records must be submitted along with this completed form**

I certify that _____ has the above contraindication, cannot receive the 2023-2024 seasonal influenza vaccine, and request an exception for the mandatory influenza vaccination policy.

Healthcare provider medical license number: _____

State/Province license held: _____

Healthcare provider signature: _____ Date: _____

OFFICE USE ONLY
Approved By: _____ Approval Date: _____