

MAINE MARITIME ACADEMY

A College of Engineering, Management, Science, and Transportation

Student Request for Medical Exemption Form

Name: _____

Student ID: _____ MMA Email: _____ Phone: _____

The Maine State Legislature requires that all degree and full-time non-degree college students born after 1956 to provide proof of immunization or immunity to tetanus/diphtheria, rubeola, mumps, and rubella as communicated via this web page: <https://mainemaritime.edu/student-life/health-and-counseling-services/immunizations/>

Due to the potential for MMA students having to travel outside the United States for cruises/co-ops, and on the recommendations from the American College Health Association and the Center for Disease Control, Maine Maritime Academy also requires evidence of the following immunizations:

- 2nd dose measles administered between the ages of 2-4 years or later,
- Varicella (chickenpox) or history of having had the disease,
- Hepatitis B vaccine (series of 3 doses given at appropriate intervals),
- Hepatitis A vaccine (series of 2 doses given at appropriate intervals),
- Meningococcal vaccine
- Mantoux test for tuberculosis

A medical exemption may be granted upon receipt of a completed form (below), signed and certified by a licensed healthcare provider, who is not related to the submitter, and whose specialty is appropriate to the associated condition.

In the event of an outbreak on or near campus, individuals holding exemptions may be excluded from all campus facilities and activities, for their protection, until the outbreak is declared to be over.

The Office of Health Services will review all exemption requests, and approval is not guaranteed. After a request has been reviewed and processed, students will be notified via their MMA email address if an exemption has been granted.

Decisions are final and not subject to appeal. Individuals are permitted to reapply if new documentation and information should become available.

In order to submit a request, please:

- Complete this form
- Have your licensed physician, nurse practitioner or physician assistant complete the provider section of this

form

- Submit the completed documents to the Health Services office in Curtis or via fax at 207-326-2129

Note: Incomplete submissions will not be reviewed.

- Initial each of the following statements:

	I understand and assume the risks of non-vaccination.
	I understand that in the event of an outbreak or threatened outbreak, I may be temporarily excluded from MMA facilities and sponsored activities.
	I authorize my licensed health care provider to provide MMA with medical information about my medical exemption.
	I certify that the information I have provided on and in connection with this request is accurate and complete as of the date of this submission.
	I understand this exemption may be revoked and I may be subject to disciplinary action if any false information has been used to request an exemption.

Printed Name: _____

Signature: _____

Student ID: _____ MMA Email: _____

Phone Number: _____

By checking this box and typing my name above, I understand and agree that I am submitting this document electronically and that it is the legal equivalent of having placed my handwritten signature on the submitted document.

Date: _____

Attention Health Care Provider:

The Maine State Legislature has enacted a law which requires all degree and full-time non-degree college students born after December 31, 1956 to provide proof of immunization or immunity to the following diseases:

- A tetanus/diphtheria vaccine must have been given within 10 years of enrollment to MMA. You must be re-immunized if your tetanus is out of date.
- Measles (rubeola), mumps, and rubella must have been given after the student’s first birthday with a live vaccine. If the vaccine was given prior to 1968, you must present laboratory results of your titer tests. A letter from your doctor is not acceptable. If immunization cannot be determined, re-immunization is required.
- Re-immunization is highly recommended if the MMR (measles, mumps, rubella) vaccine was given before 1980.

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_____ (insert patient’s name) is requesting a medical exemption from one or more of these vaccination requirements. A medical exemption may be allowed for certain recognized contraindications.

Please certify below the medical reason that your patient should not be immunized by completing this form and attaching available supporting documentation. Information provided on this form will be reviewed by a confidential committee in consideration of the exemption request.

Option 1 - Allergy

___ A documented history of a severe allergic reaction to any component of a vaccine or to a substance that is cross-reactive with a component. Please indicate which of the following vaccines are contraindicated and name the components, by vaccine

Vaccine: _____ Component _____

Option 2 – Physical Condition/Medical Circumstance

___ The physical condition of the patient or medical circumstances relating to the individual are such that immunization is not considered safe. Please state, with sufficient detail for independent medical review, the specific nature and probable duration of the medical condition or circumstances that contraindicate

immunization. Explanation:

Option 3 - Other

__Please provide this information in a narrative that describes, in detail, the medical condition or disability in detail that you believe would exempt this individual from vaccination:

Explanation:

Certification:

I certify that _____ (patient name) has the above contraindication and I support the request for a medical exemption from the _____ vaccine requirement at Maine Maritime Academy

Provider Information:

Medical Provider Name: _____

Medical Provider Specialty: _____

Signature: _____

Provider License Number: _____ Date: _____

Name of Provider Company: _____

Address: _____

Email: _____

Phone Number: _____