

## Health Services

### STUDENT APPLICATION FOR VACCINE EXEMPTION

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

STUDENT ID: \_\_\_\_\_ MAJOR: \_\_\_\_\_

VACCINATION(s): \_\_\_\_\_

- The administration of immunizing agents conflicts with the above-named student's **sincerely-held religious** beliefs. Please submit supporting documentation that is relevant to the request, such as an additional written statement or written information provided by a religious or spiritual leader on official letterhead.

Describe the religious belief or practice that requires this request for accommodation:

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- The administration of immunizing agents conflicts with the above-named student's **personal reasons**. Describe the reasons that require this request for accommodation:

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- The administration of immunizing agents conflicts with the above-named student's **medical reasons**. A note from a healthcare provider is required.

Describe the reasons that require this request for accommodation:

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By signing this, I am stating that I understand that, in the occurrence of an outbreak of vaccine-preventable disease, the Director of Health Services may exclude me from participation in sports, clinical, class or residence halls for the period of time that the Director of Health Services deems necessary.

I understand I may be responsible for payment of any regular pre-determined testing and/or I agree to wear a fitted N95 mask at all times should this become a requirement.

I understand that submitting this application DOES NOT mean I am automatically waived out of this requirement. I will be informed of the result by Health Services.

I understand that I may be asked to provide more documentation to support my request for accommodation. I understand that, if I am part of a clinical site, that clinical site has the ultimate decision for whether or not this requirement may be waived.

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Signature of Student

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Date signed