

# Medical and Nursing Student Vaccination Exemption Request Form

By accepting vaccination, you are taking a step toward protecting yourself, your colleagues, your patients, and your community from spread of vaccine-preventable diseases. If you request exemption from vaccination, you are accepting the risk of acquiring vaccine preventable disease and putting others at risk for illness. If you have not been immunized, you may be furloughed from clinical activities in the event of an outbreak.

You may request exemption from vaccination by completing this form. Contraindications to vaccination are described by current [CDC/ACIP recommendations](#). These serve as a basis for determining medical exemption. Valid evidence for any medical contraindication is required and consists of signed documentation from a physician, NP, PA or other LIP (not the requestor).

In order to request a medical exemption, submit the Medical and Nursing Student Exemption Request Based on Medical Condition Form on page 2. To submit, upload completed materials to our secure website: <https://www.healthyhoos.virginia.edu>. Click on “Upload” and follow the instructions. Upload requires NetBadge account. For questions, contact Medical Records at 434-924-1525.

Requests for exemption based on religious principles, tenets, or beliefs will also be considered. Requests based on religious beliefs should be described in the requestor's own words in the space provided on page 3. If needed, the requestor may submit additional materials that support the request. Any additional materials should be submitted together with the Medical and Nursing Student Exemption Request Based on Religion Form. Once completed, upload completed materials to our secure website: <https://www.healthyhoos.virginia.edu>. Click on “Upload” and follow the instructions. Upload requires NetBadge account. For questions, contact Medical Records at 434-924-1525.

You will receive a notification of receipt within 7 business days. The submitted materials will be evaluated by Student Health and Wellness and determinations will be completed within 30 days.

**Medical and Nursing Student Exemption Request Based on Medical Condition:**

**Student Section**

<b>Student Name (first and last):</b>	
<b>Email address:</b>	
<b>Student ID:</b>	
<b>School:</b>	
<b>Vaccine to which you object:</b>	

**Medical Provider Section**

<b>Provider Name (first and last, with title):</b>	
<b>Specialty:</b>	
<b>Practice/ Employer:</b>	
<b>Role in care of student above:</b>	
<b>Vaccine for which exemption is requested:</b>	

To your knowledge, has the student received the specified vaccine previously? If so, when?

Does the student have a history of a CDC/ ACIP contraindication to the specified vaccine? If so, please briefly describe the contraindication or pertinent medical condition.

**HEALTH CARE PROVIDER:**

**Signature of Medical Provider/Health Department Official:** \_\_\_\_\_

**Medical Provider's Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Medical and Nursing Student Exemption Request Based on Religion:****Student Section**

<b>Student Name (first and last):</b>	
<b>Email address:</b>	
<b>Student ID:</b>	
<b>School:</b>	
<b>Vaccine to which you object:</b>	

Please describe the religious principle, tenet, or belief for your request:

Please describe why this principle, tenet, or belief conflicts with or precludes you from receiving a vaccination/ immunization/ etc.

I understand that this request will be held in my records maintained at the Department of Student Health and Wellness.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_