COVID-19 Vaccine Exemption Request Form

I am requesting the following exemption from the COVID-19 vaccination (select one and provide the required information). Medical exemption requests must be completed by a medical provider (physician, nurse practitioner or physician assistant). Religious exemption requests must be notarized. Submit the completed form to your student health web portal (https://health.students.vcu.edu/web-portal) under the document upload tab titled Vaccine Exemption Request.

_____ MEDICAL EXEMPTION

Consistent with the Code of Virginia § 23-7.5, D (ii), I certify that administration of the COVID-19 vaccine would be detrimental to this student’s health. The vaccine(s) is specifically contraindicated because (please specify):

_____________________________________________________________________________________________

This contraindication is permanent: ___, or temporary: ___ and expected to preclude immunizations until:

Date (Month, Day, Year): _______/_______/______________

Signature of Physician / Nurse Practitioner / Physician Assistant:

________________________________________________________

Date (Month, Day, Year): _______/_______/______________

_____ RELIGIOUS EXEMPTION (Commonwealth of Virginia Certificate of Religious Exemption)

Consistent with the Code of Virginia § 23-7.5, D (i), I certify that the administration of immunizing agents conflicts with my religious tenets or practices. I understand that in the occurrence of an outbreak, potential epidemic or epidemic of a vaccine-preventable disease at my school, the State Health Commissioner may order my exclusion from school, for my own protection, until the danger has passed.

Signature (of student):

____________________________________________________________

Date (Month, Day, Year): _______/_______/______________

I hereby affirm that this affidavit was signed in my presence on this _________ Day of ____________

Notary Public Seal

Student V#: _______________________

Student Name (print): _____________________________________________

Signature: ________________________________________________________

Rev. 6/2021