Vaccine Exemption Request Form

I am requesting the following exemption from a required vaccination (select one and provide the required information). Medical exemption requests must be completed by a licensed physician, physician assistant or nurse practitioner. 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

I certify that administration of one or more of the required immunizing agents 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 Licensed Physician, Physician Assistant or Nurse Practitioner:

________________________________________________________

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

___ RELIGIOUS EXEMPTION

The administration of immunizing agents conflicts with my religious tenets or practices. I understand that this exemption may not be available if the Board of Health has declared an emergency or epidemic of disease. I assume the responsibility for any impairment of my health resulting from this exemption. Exemption does not apply to tuberculosis screening and testing.

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: ________________________________________________________