



VCU

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 \(https://health.students.vcu.edu/web-portal\)](https://health.students.vcu.edu/web-portal) under the document upload tab titled *Vaccine Exemption Request*.

Identify Vaccine: COVID-19:___ DTP/DTaP/Tdap:___ DT/Td:___ HPV:___ Influenza___ OPV/IPV:___ Pneumonia:___

Meningococcal:___ Measles:___ Mumps:___ Rubella:___ HBV:___ Varicella:___ Other:_____

___ 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:

Printed Name & Credentials of Provider _____

Date (Month, Day, Year): ___/___/_____ Telephone Number _____

___ 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: _____