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.

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: _____________________________________________________

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