

Vaccine Exemption Request Form

Student Name:	DOR:	Student V#	4 -
otudent Name.	БОВ	Student vn	·
I am requesting the following exemption from a required vaccing	nation (select va	ccine/s):	
COVID-19: DTP/DTaP/Tdap: DT/Td: HPV:_	Influenza:	OPV/IPV:	Pneumonia:
Meningococcal: Measles: Mumps: Rubella:_	HBV:	Varicella: Ot	her:
 INSTRUCTIONS Please select either a medical or religious exemption, and provi Medical exemption requests must be completed by a license Religious exemption requests must be notarized. 			nurse practitioner.
2. Submit the completed form to the Student Health Web Portal (h Document Upload tab titled <i>Vaccine Exemption Request</i> .	ttps://health.stud	ents.vcu.edu/web-p	ortal) under the
MEDICAL EXEMPTION			
I certify that administration of one or more of the required immunizin The vaccine(s) is specifically contraindicated because (please speci		oe detrimental to this	s student's health.
This contraindication is: permanent, or temporary and expected to preclude Signature of Licensed Physician, Physician Assistant or Nurse		ntil (month/day/year	·):/
Printed Name & Credentials of Provider:		_	
RELIGIOUS EXEMPTION			
The administration of immunizing agents conflicts with my religious not be available if the Board of Health has declared an emergency compairment of my health resulting from this exemption. <i>This exemption</i> .	or epidemic of dis	sease. I assume the	e responsibility for any
Student Signature:	Date (Month/Da	y/Year):/_	
I hereby affirm that this affidavit was signed in my presence on	this da	ay of	20
Notary Signature:			Notary Public Seal

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