



## Vaccine Exemption Request Form

I am requesting a waiver for the following matriculation vaccines (select the ones that apply):

- MMR
- Varicella
- Meningitis ACWY
- Meningitis B

I have chosen not to be immunized at this time for the following reason (check the one that applies):

- A strongly held religious or personal belief
- A medical contraindication. Please list here so it can be added to your medical chart:

\_\_\_\_\_

I have reviewed the related VIS (Vaccine Information Sheet) and/or EUA (Emergency Use Authorization) Fact sheets for the vaccines I would like to waive. I understand the vaccine's benefits and the risks of not being immunized. If there is an outbreak or exposure risk of one of these illnesses on campus, I agree to follow the University's recommendations or requirements (determined with guidance from the local public health department) such as, but not limited to, testing, quarantine, and/or isolation. If this occurs, I am responsible for any financial or academic burdens I may encounter. I am also aware that if I change my mind, I may be vaccinated in the future.

\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (if student is under 18)

\_\_\_\_\_  
Date

**Students: Return this completed form to the Student Health Center (SHC) by uploading it to your MyWellness Portal**

**Click *Messages* – *New Messages* – Send a message to the SHC – *Upload my Vaccination Exemption form***

**Please allow 24 - 48 business hours for review.**

**You will be notified via Secure Message through your MyWellness Portal once your form has been reviewed.**