Health Sciences Influenza Vaccination Exemption Request Form

All Health Sciences students who have patient contact must receive the required influenza vaccination as specified in the “Influenza Vaccination Policy for Health Sciences Students” policy unless an exemption has been granted on the basis of a medical contraindication or religious tenets or beliefs.

I am requesting the following exemption from the mandatory influenza vaccination requirement (select one and provide the required information):

_____ MEDICAL EXEMPTION
Consistent with the Code of Virginia § 23-7.5, D (ii), I certify that administration of the influenza vaccine 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 (Mo., Day, Yr.) _______________

Signature of VCU Student Health Director: ___________________________ Date: ________________________

_____ RELIGIOUS EXEMPTION (Commonwealth of Virginia Certificate of Religious Exemption)
Consistent with the Code of Virginia § 23-7.5, D (i), I certify that the administration of immunizing agents conflicts with my religious tenets or practices. I understand that in the occurrence of an outbreak, potential epidemic or epidemic of a vaccine-preventable disease at my school, the State Health Commissioner may order my exclusion from school, for my own protection, until the danger has passed.

Signature (of student): ______________________________________________ Date: ______________________

I hereby affirm that this affidavit was signed in my presence on this __________________ Day of ____________

Notary Seal

Name (print): ____________________________________________ Student ID: ____________

Signature: __________________________________________