



VCU Office of the Senior Vice President for Health Sciences

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: _____