Health Sciences Vaccination Exemption Request Form

All Health Sciences students must receive the required vaccinations as specified in the “Immunization Requirements 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 immunization requirements (select one and provide the required information):

____ MEDICAL EXEMPTION

As specified in the Code of Virginia § 23-7.5, D (ii), I certify that administration of the vaccine(s) designated below would be detrimental to this student’s health. The vaccine(s) is (are) specifically contraindicated because (please specify):

__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________

HBV: ___ Varicella: ___ 2-Step TST/IGRA: ___

This contraindication is permanent: ___ or temporary: ___ and expected to preclude immunizations until:
Date (Mo., Day, Yr.) ____________________.

Signature of Licensed Physician: ___________________________ Date: ________________

____ RELIGIOUS EXEMPTION (In accordance with the Commonwealth of Virginia Certificate of Religious Exemption)

As specified in 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, if an emergency epidemic of a disease has been declared by the Virginia Board of Health, my presence at Virginia Commonwealth University may be restricted or prohibited for a period of time necessary to manage risk to my own health and that of the VCU community.

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: __________________________________________________________________________