



Health Professions
Vaccination Exemption Waiver

Based on personal and/or religious beliefs, I opt not to receive the vaccine(s) listed below. I acknowledge that infectious diseases are prevalent within all clinical facilities and being without immunity substantially increases my chances of contracting these diseases.

I understand that I will be held to the same standards of caring for patients as all other students in the Health Professions Programs.

I request exemption waiver for the following:

1. _____
2. _____
3. _____

The reason(s) I request exemption waiver of the above is:

A. _____ **Health-related.** A licensed physician or nurse practitioner must provide a statement on letterhead or an imprinted prescription pad stating that the vaccine(s) is medically contraindicated for you.

B. _____ **Religious reasons.** I hereby attest and confirm that I sincerely hold religious beliefs regarding vaccinations and these sincerely held religious beliefs prevent me from receiving the above vaccinations.

Printed name _____

Signature _____ Date _____