



University of Cincinnati Standard Exemption Form

Vaccination Requirement - Medical Exemption

You may exempt for medical reasons. Complete and sign this form. Your medical provider must complete the bottom section of this page.

First Name		Last Name	
M#		DOB	
UC Email		Starting Semester	

The above-named student requests an exemption from the following vaccine (*only one vaccine per form*).

Vaccine _____

The above-named student understands that by submitting the University of Cincinnati General Exemption form for one or more required vaccines, s/he exempts at his/her own risk. The student releases the University of Cincinnati, its faculty, staff, and students from any and all claims connected with an outbreak of disease or other public health immunization emergency on campus. Additionally, the student understands that based on public health and other expert guidance, under certain circumstances, limitations may be placed on the use of campus facilities by unvaccinated individuals regardless of exemption status.

I understand that I am submitting these records to the University of Cincinnati and University Health Services. The records will be maintained in a system that is compliant with applicable privacy regulations. I authorize representatives of the University of Cincinnati and University Health Services to access these records for medical and public health purposes.

Student* Signature _____ Date _____

*Or parent/legal guardian signature, if under 18 years of age

TO BE COMPLETED BY LICENSED MEDICAL PROVIDER (MD, DO, PA, NP)

Medical Reason (<i>required</i>):

Healthcare Professional Signature/Credentials		Date
Printed Name		Office Stamp
Professional License #		
Title		
Street Address		
City, State, Zip Code		
Phone Number	(____) ____-____ Ext. ____	
Fax Number	(____) ____-____	
Email Contact		