



University of Cincinnati Standard Exemption Form

Vaccination Requirement - General (Non-Medical) Exemption

You may exempt for religious, good cause, philosophical, or moral reasons. Complete this form and sign in the presence of a Notary Public. The Notary Public will need to complete the bottom section.

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 _____

Statement of Belief (*required*):

_____ _____ _____ _____ _____

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 NOTARY PUBLIC

Seal of Notary:

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Printed first and last name of Notary _____

Signature of Notary _____

Subscribed and sworn before me on the _____ day of _____, 20____.