



**Vaccination Exemption Form  
Students/Clinical Faculty**

**Name:** \_\_\_\_\_

**School/College/University:** \_\_\_\_\_

**Department/Type of Student:** \_\_\_\_\_

**Dates of Rotation:** \_\_\_\_\_

**Vaccine Requesting Exemption:** \_\_\_\_\_

*I am requesting an exemption from a vaccine. I acknowledge that the vaccination is recommended by the Centers for Disease Control and Prevention (CDC) for all healthcare personnel to prevent infection. I understand that **my clinical placement site** has a mandatory vaccination program, and I am requesting an exemption.*

**1. I agree to the above statement.**

- ☐ Yes  
☐ No

**2. I have a medical condition that prevents me from receiving the above vaccine.**

*\*You must attach a signed statement from your physician indicating the contraindication to the vaccine. You must also attach any supporting documents.*

- ☐ Yes  
☐ No

**3. I do not believe in vaccine for a religious reason.**

*\*You must submit a statement explaining the religious basis on which you seek this exemption.*

- ☐ Yes  
☐ No

Documentation to support the request for my exemption must be submitted with this form to [Education@uchealth.com](mailto:Education@uchealth.com). Upon receipt, the documentation and exemption request will be reviewed, and approval or denial status will be determined. The status of the request will be communicated to the student. If denied, you will be required to receive the vaccine. **REQUEST MUST BE SUBMITTED 30 DAYS PRIOR TO THE START OF THE ROTATION.**

I understand that I am submitting these records to a third-party entity, such as UC Health or University of Cincinnati. I authorize representatives of these entities to have access to these records for medical and public health purposes.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_