


Vaccination Exemption Process
STUDENTS/Clinical Faculty

Name: _____

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 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 vaccines for 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 Alex Maus (alex.maus@uchealth.com) and Deana Brown (deana.brown@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. **MUST SUBMIT REQUEST 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.

Name: _____ Date: _____