

University of Miami Student Flu Vaccine Exemption Request

Student's name: _____ ID/C number: _____

Local address: _____

If requesting **Medical exemption**, please have your medical provider (MD, DO or APRN) complete and sign below. Flu Vaccine is contraindicated due to:

Anaphylaxis

Guillain-Barré Syndrome

Other Severe Reaction or medical condition:

Please specify reaction/condition: _____

Provider Name

Provider Signature

Date

Provider address

Provider Phone Number

If requesting **Religious exemption**, please complete the following and have your religious leader sign below.

I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease that kills thousands of people in the United States each year.
- The Influenza vaccine is being required of all University of Miami students and staff.
- The consequences of my refusing to be vaccinated could have serious and potentially life-threatening consequences to my health and the health of those with whom I have contact, including University students, staff, and the community.

Despite the above facts, I am declining the influenza vaccination due to religious reasons. I understand that I may not be allowed to attend classes or on campus events during a disease outbreak emergency. Please have your Religious Leader sign below or submit a quote from a religious text along with a letter explaining the relevance of the text supporting your beliefs.

Student Signature

Date

Name of Religious Leader

Signature of Religious Leader

Religious Affiliation

Phone number of Religious Leader

Deadline to submit an exemption form is October 22. You will receive a secure message regarding the exemption approval/denial via MyUHealthChart.com within 7 days of submission.