

University of Miami Student Flu Vaccine Exemption Request

Student's name: _____ Birthdate: _____

If requesting **medical exemption**, please have your medical provider 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 a **religious exemption**, please read the following and 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 medical, nursing and physical therapy students at the University of Miami.
- 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.

Student Signature

Date

Deadline to submit an exemption form is November 1. You will receive a secure message regarding the exemption approval/denial via MyUHealthChart.com within 7 days of submission.