



Before entry, students must have the required COVID-19 immunization unless exempt for medical or religious reasons. In order to claim either exemption this form must be completed and returned to the Student Health Services prior to attendance.

Students who claim any exemption may be kept out of classes, residence halls, and/or other campus facilities and operations during the course of a COVID-19 outbreak if it is determined that such students are at risk for getting COVID-19 and transmitting it to other students. The length of time a student is excluded from classes, residence halls, and/or other campus facilities and operation will vary, and can range from several days to more than a month.

**Return completed form to: immunizationcompliance@uvm.edu**

**Complete all information below on behalf of the student named. This form may not be altered.**

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Student first and last name Date of birth

### MEDICAL EXEMPTION

Reason for medical exemption(s): \_\_\_\_\_

This exemption will likely continue until: \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Print Name of Health Care Practitioner\* Telephone

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Signature of Health Care Practitioner\* Date

\*Only a health care practitioner authorized to prescribe vaccines may sign the medical exemption form.

### RELIGIOUS EXEMPTION

In signing this form I attest to holding religious beliefs opposed to COVID-19 immunizations. I acknowledge that I have reviewed evidence-based educational material regarding COVID-19 immunization including: information about the risks of adverse reactions to immunization; information that failure to complete the required vaccination schedule increases risk to the person and others of contracting or carrying a vaccine-preventable infection; and information that there are persons with special health needs who are unable to be vaccinated, or who are at heightened risk of contracting COVID-19, and for whom such a disease could be life-threatening. I request exemption from COVID-19 vaccination

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Signature of Student (or parent/guardian if under 18 yrs.) Telephone Date