



Before entry, students must have the required COVID-19 immunization unless exempt for medical or religious reasons or registered in a fully remote schedule and living outside of Vermont. In order to claim either exemption this form must be completed and returned to the Student Health Services prior to attendance. Any exemption is approved only until **December 31, 2021**.

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

REMOTE LEARNING EXEMPTION

In signing this form, I attest to being registered for remote courses only and that I live outside of Chittenden County in the State of Vermont or outside the State of Vermont. I agree that I will not come to the University for any purpose. If that changes, I agree to notify the University and immediately provide proof of being fully vaccinated for COVID-19.

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