



STUDENT MEDICAL/RELIGIOUS EXEMPTION REQUEST FORM

Request for Accommodation: Medical or Religious exemption from the University of the Virgin Islands' required immunization policy. To request an exemption, please complete section (1) below and have your medical provider or religious leader complete section (2) before returning this form to Health Services for review. Once reviewed by Health Services, recommendation(s) will be given to the Dean of Students for a final decision. **Kindly submit a copy of your official immunization record, if any, when submitting this form for review.**

NOTE: This exemption can be revoked by the University at the recommendation from VIDOH at any time during a vaccine preventable disease outbreak, and the student temporarily dismissed from in-person classes (and on-campus housing) until the preventable disease outbreak is resolved.

SECTION 1: STUDENTS

Print Name:	ID Number:
Mailing Address:	Date:
Email Address:	

I am requesting a Medical or Religious exemption from the University of the Virgin Islands' (UVI) mandatory vaccination policy for attending UVI. Please explain further and specify which vaccines you are requesting exemption from:

I verify that the information I am submitting to substantiate my request for exemption from the University of the Virgin Islands' mandatory immunization policy is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including dismissal. I further understand that the University is not required to provide this exemption accommodation if doing so would pose a direct threat to myself or others within the UVI community or would create an undue hardship for the University. I further understand that after receiving this completed request, the University may request additional information, documentation, or independent verification, if necessary.

Signature:	Date:
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Evidence of Declining Immunization: Your right to claim an exemption from the immunizations must be submitted on the appropriate form(s) found on the University of the Virgin Islands' web page www.uvi.edu. The exemption form has to be notarized, and the original form turned in. ***Photocopies cannot be accepted.***



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SECTION 2: MEDICAL PROVIDER/RELIGIOUS LEADER

Name of Student:

Dear Medical Provider Religious Leader, The University of the Virgin Islands requires immunizations against: MMR (Measles, Mumps, and Rubella) (Measles, Mumps, and Rubella) (Measles, Mumps, and Rubella), Polio, Hepatitis B, Varicella, Tetanus, and tuberculosis testing to attend the University. An additional vaccination of Meningitis ACYW-135 is required to live on campus. The individual named above is seeking an exemption to this policy due to medical religious contraindications. Please complete this form to assist the University of the Virgin Islands in the reasonable accommodation process.

The person named above should not receive the UVI required vaccinations due to:

(Please use the 3rd page if additional space is required.)

This exemption should be:

Temporary, expiring on: __/__/__,

or when

Permanent, date permanent disability began: _____

I certify the above information to be true and accurate, and request exemption from vaccinations for the above-named student.

Medical Provider Name (Print):	Date:
Religious Leader Name (Print):	Date:
Medical Provider or Religious Leader Signature:	Date:
Facility Name and Address:	Medical Provider/Religious Leader Phone:
Contact Email Address:	



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Please add any additional comments in the text box, if needed:

TERRITORY OF THE VIRGIN ISLANDS)
DISTRICT OF ST. _____)

SUBSCRIBED AND SWORN to before me on this _____ day of _____, 2025 by

Notary Public
My Commission Expires: _____
Notary Number: _____

Director of Health Services| Dean of Student Affairs USE ONLY:

Date of initial request: __/__/__ Date certification received: __/__/__

Accommodation request: Approved __/__/__ or Denied __/__/__

Describe specific accommodation details or reason for denial:

Director of Health Services Certifying Signature

Dean of Students Certifying Signature