



## STUDENT MEDICAL/RELIGIOUS EXEMPTION REQUEST FORM

Request for Accommodation: Medical or Religious Exemption from university required vaccinations. To request an exemption from required vaccinations, please complete section 1 below and have your medical provider complete section 2 before returning this form to Health Services. Once reviewed and/or approved by Health Services, recommendation(s) will be given to the Dean of Students for a final decision.

### 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 vaccination 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 of the Virgin Islands 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:
------------	-------



## STUDENT MEDICAL/RELIGIOUS EXEMPTION REQUEST FORM

### SECTION 2 MEDICAL PROVIDER/RELIGIOUS LEADER:

**Name of Student:**

Dear  Medical Provider  Religious Leader, The University of the Virgin Islands requires immunization vaccinations 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 bottom part of 3<sup>rd</sup> page if more 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:	



## STUDENT MEDICAL/RELIGIOUS EXEMPTION REQUEST FORM

**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

Please add any additional comments in the text box below: