UNT Health FORT WORTH

IMMUNIZATION MEDICAL EXEMPTION REQUEST

Students may request an exemption from immunization(s) based on medical contraindications. In order to be considered, students must complete the following form and include a statement from a physician licensed and registered in the United States, who has examined the student, in which the physician expresses the opinion that the required vaccination(s) poses a significant risk to the health and well-being of the student or any member of the student's family or household. Once received and reviewed, the student will be notified in writing of the decision to grant or deny the request.

Please note: A student who is eligible for and receives an exemption may be denied clinical placement at affiliated clinical sites and HSC cannot ensure alternate placement. Students who receive an exemption may be prohibited from engaging in direct patient contact with potential exposure to blood or bodily fluids to protect the patients from illness or disease. An exempt student also may not be eligible to participate in any volunteer, or paid experience as a representative of HSC if the experience involves contact with human patients, human research subjects, human fluids, or human tissues.

I have read and understand the above information on this form and wish to request an exemption based on medical contraindications.

Student Name: _____ **Student ID:** _____

Date of Birth: _____ **Program/Year:** _____

TO BE COMPLETED BY PHYSICIAN/HEALTH PROFESSIONAL:

I certify that the vaccinations below would be injurious to the health and well-being of this patient.

☐ Tdap
☐ MMR
☐ Hep B
☐ Varicella
☐ Meningitis
☐ Influenza
☐ Other (not required by HSC): _____

Statement from provider OR attach signed letter to this form:

Printed Name of Provider: _____ **Phone:** _____

Signature of Provider: _____ **Date:** _____

Students must submit this form to StudentHealth@unthealth.edu for review and approval.