

## Vaccine Declination Form for OUHSC & OU-Tulsa Students

*This updated form is to be used by students who are required to receive a vaccine based upon academic requirements and are declining the vaccination for one of the two reasons stated below.*

### DECLINATION OF VACCINE

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ College Program: \_\_\_\_\_

Campus/Site Location: \_\_\_\_\_

I request an accommodation for an exemption from the \_\_\_\_\_ vaccination requirement for one of the following two reasons (select one):

\_\_\_\_\_ I request an exemption from this vaccination requirement based on my sincerely held religious beliefs, practices, or observances.

- *Please explain the reasons for your requested exemption. If you do not provide a statement that includes your reason, your exemption request will not be process and will be denied.*

**OR**

\_\_\_\_\_ I request an exemption from this vaccination requirement based on my disability, which may include an existing medical condition.

- *Please attach documentation of your disability, which may include an existing medical condition; this documentation should disclose any contraindications to receiving the vaccine and must be signed by a medical provider.*

**FURTHER, I understand and acknowledge:**

\_\_\_\_\_ (initial) If granted an exemption, I understand I must follow all prevention measures as instructed by my College and/or by an facility where I may be assigned for clinical rotations or experiences.

**Please note that for each vaccine being declined, a separate form will need to be completed. To the best of my knowledge, I swear or affirm that the information and documentation I provided on this form is true and accurate. If I knowingly provided false information or documentation on this form, I may be subject to disciplinary proceedings under the Student Professional Behavior in an Academic Program Policy or the Student Rights and Responsibilities Code.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Completion by OU Administration:**

Reviewed/Approved by: _____	Date: _____
Office and Title: _____	