UNIVERSITY OF NOTRE DAME
University Health Services

University of Notre Dame Vaccine Exemption Request Form

Enter info and upload at Online Patient Portal – go to: nd.studenthealthportal.com
Choose 'Immunization Exemption Request Form' from the Document Upload tab on the portal

Last name: _______________ First name: ______________ Date of birth: ___ /___ /___ ND ID #:_______________

SECTION IN BOX BELOW TO BE COMPLETED BY PROVIDER FOR MEDICAL EXEMPTION REQUESTS

Medical Exemption

A written statement by a licensed, treating medical provider [a physician (MD or DO), Nurse Practitioner (NP) or Physician's Assistant (PA)], that includes an explanation and documentation as to why at least one of the following criteria apply to their patient for any vaccine(s) for which an exemption is requested.

A. ☐ **For COVID-19 vaccine exemption**:
Applicable CDC contraindication for the vaccine(s) which include a documented anaphylactic allergic reaction or other severe adverse reaction to any COVID-19 vaccine--e.g., cardiovascular changes, respiratory distress or history of treatment with epinephrine or emergency medical attention to control symptoms. Generally, does not include gastro-intestinal symptoms as the sole presentation of allergy.

B. ☐ **For all other vaccine exemptions, please identify specific vaccine(s)**: ____
Applicable contraindication found in the manufacturer's packaging insert for the vaccine(s), or a statement that the physical condition of the person or medical circumstances relating to the person is such that immunization is not considered safe.

FOR ALL EXEMPTION REQUESTS:

Please indicate the specific nature of the *medical condition or circumstances* that contraindicate immunization with the vaccine(s):

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☐ **Permanent Exemption** ☐ **Temporary Exemption until** ____ / ____ / ____

Health Provider signature: ____ **Date:** _______________

Signing provider verifies accuracy of above info

Health provider printed name: ______________________________________
Clinic Address: ____
Phone: ____

CLINIC STAMP

SECTION IN BOX BELOW TO BE COMPLETED BY STUDENT FOR RELIGIOUS EXEMPTION REQUESTS

Religious Exemption

Describe the religious basis for the objection. This must include the religious principles that guide your objection to immunization, whether you are opposed to all immunizations, and if not, the religious basis that prohibits the particular vaccinations from which you seek exemption.

A. ☐ **For COVID-19 vaccine exemption**

B. ☐ **For all other vaccine exemptions, please identify specific vaccine(s)**: ____________________

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Student signature: ____________________ Date: ____________

If student is under the age of 18:
Parent/Guardian signature: ____________________ Date: ____________