



## University of Delaware Required Immunization Exemption Request

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
UD ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The University of Delaware ("UD") is dedicated to the health and safety of its students and requires that all students be vaccinated or show immunity to measles, mumps, rubella, and, meningitis ACWY. In accordance with state of Delaware and federal law, UD will review and consider medical and religious exemptions for required immunizations. Some academic programs may have specific immunization requirements; contact your academic program with any questions.

Please complete the appropriate section below based on the type of exemption you are requesting. All students requesting an exemption to mandatory vaccines must also sign and submit the "Informed Refusal" form (page 2). **Exemption requests submitted without the accompanying Informed Refusal form will not be accepted.**

**For all requests, please indicate which vaccine(s) you are requesting an exemption for:**

- MMR (Measles, Mumps, Rubella)                       Meningitis ACWY                       All vaccines  
 Additional Specific Vaccine(s): \_\_\_\_\_

### **Medical Exemptions – To be completed by licensed medical provider (MD/DO, NP/APN, PA)**

I certify that my patient (named above) should not receive the above-indicated vaccine(s) because they have the following medical contraindication(s) (please provide additional sheets if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This is a  permanent or  temporary (until \_\_\_\_\_) exemption.

**Healthcare Provider Name:** \_\_\_\_\_ **Credentials:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### **Religious Exemptions – To be completed by student requesting exemption.**

Have you received any vaccines in the last 5 years?  Yes  No

Please describe, *in your own words*, how your religious beliefs preclude you from receiving the above-indicated vaccines, especially if you have received vaccines in the past 5 years (please attach additional sheets if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**If the student is under 18, a parent or guardian must sign.**

Parent/Guardian Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

## ***Informed Vaccine Refusal*** ***2023-2024 Academic Year***

The University of Delaware (“UD”) is committed to protecting our students from exposure to preventable communicable infectious diseases and in accordance with the American Academy of Pediatrics, the American Academy of Family Physicians, and the Centers for Disease Control and Prevention, strongly recommends that the vaccine(s) be given according to current guidelines.

As a student requesting a medical/religious exemption for the Measles/Mumps/Rubella (MMR) and/or Meningococcal ACWY vaccine(s), I understand and certify that:

- I may be at increased risk of acquiring a communicable infectious disease and if I become infected, may be at risk of serious complications such as pneumonia, brain damage, fertility problems, hospitalization, or death.
- I may spread a communicable infectious disease to other students, employees, friends, and family members, even if I have no symptoms. This can result in serious infection, particularly in individuals at higher risk for complications of illness.
- I must follow any applicable public health protective measures UD requires. In the event of a disease outbreak or a threatened disease outbreak, I must comply with any public health or UD directive that may bar me from living, learning, and/or participating in UD-approved activities, including sports, on-grounds temporarily or permanently. I understand that any such restrictions will not entitle me to reductions in tuition, housing charges, or other UD fees.
- I may be subject to additional requirements if my academic program requires me to be in a healthcare setting or other specific higher-risk scenario.
- I have been given the opportunity to be vaccinated against the above communicable infectious disease(s) and that by declining this vaccine(s), I continue to be at increased risk of acquiring a communicable infectious disease, potentially resulting in the transmission to others.
- I can receive the vaccine(s) in the future at any time.
- Although UD holds the health and safety of its community as paramount, there is no guarantee that I will not be exposed to or infected with any of the above contagious illnesses.
- UD may revoke my exemption if any false, inaccurate, or incomplete information is used to request my exemption.

I understand that I have read and fully understand my obligations as described above and request this exemption related to MMR and/or Meningococcal ACWY vaccine(s).

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**UD ID:** \_\_\_\_\_

*(Required if student is under 18 years of age):*

**Parent/Guardian Name:** \_\_\_\_\_  
**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_