

**Exemption to Immunization Requirements**

Name (Last, First, MI)	
Date of Birth	ID #
Home Address	Campus Telephone
	Home Telephone
Date Entering UCONN	Date Expected Graduation
Exempt immunization/Testing (Check all that apply)	
<input type="checkbox"/> Measles <input type="checkbox"/> Rubella <input type="checkbox"/> Mumps <input type="checkbox"/> Varicella <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Meningitis <input type="checkbox"/> Other _____	

**Statement of Exemption to Immunization Law  
Medical Exemption**

The physical condition of the above named individual is such that immunization would endanger life or health.

State reasons for requesting a medical exemption:

\_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_  
Healthcare Provider Signature

**Statement of Exemption to Immunization Law  
Religious Exemption**

(Includes a strong moral or ethical conviction similar to a religious belief.)

The above named individual adheres to a religious belief whose teachings are opposed to such immunizations.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Statement of Exemption to Meningitis Immunization Law  
Age Exemption**

I am 29 years of age or older and choose not to receive the vaccination

Signed \_\_\_\_\_ Date \_\_\_\_\_

**I understand that exemption for either medical, religious or age reasons subjects me to exclusion from campus in the event of an outbreak of a disease for which immunization is required.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Parent or guardian if student is under 18 years of age.

Exemption to immunization 2/01, 8/08, 8/09

**The original of this form is to be placed on the student's UCONN Student Health Service Medical Record**