University of CINCINNATI

Vaccination Requirement – General (Non-Medical) Exemption

Student: You may exempt for Religious, Good Cause, Philosophical, or Moral reasons. Complete this form and sign in the presence of a Notary Public. The Notary Public will complete the bottom section.

Upload the completed form to MedProctor.

Last Name First Middle

DOB (MM/DD/YYYY) University ID Number Semester Start (check one)

Fall **Spring** **Summer** **20_____**

The above-named student requests an exemption for the following vaccine(s) (check all that apply):

- ☐ Hepatitis B
- ☐ Measles, Mumps, Rubella (MMR)
- ☐ Meningococcal Quadrivalent
- ☐ Tetanus, Diphtheria, Pertussis (Tdap)
- ☐ Varicella (chickenpox)
- ☐ Influenza (FLU)

The above-named student understands that by submitting the University of Cincinnati General Exemption form for one or more required vaccines s/he exempts at his/her own risk. The student releases the University of Cincinnati, its faculty, staff, and students from any and all claims connected with an outbreak of disease or other public health immunization emergency on campus. Additionally, the student understands that s/he may be required to leave campus until the situation has been resolved.

Student Signature_____Date

MM DD Y Y Y Y

To be completed by Notary Public:

Seal of Notary:

Printed First and Last Name of Notary_____

Signature of Notary_____

Subscribed and sworn before me on the _____ day of _____ 20___.

**This exemption is not valid for Health Professional Programs. If you are a student in a University of Cincinnati Health Professional Program such as nursing, medical, etc., this form will not be accepted by your program. This form will only be accepted for the University of Cincinnati Vaccination Requirement.*