LEE UNIVERSITY
School of Nursing

# Vaccine Exemption Request Form

*(Medical/Disability or Religious)*

**Purpose:**
Vaccinations are a critical component of protecting patients, healthcare workers, and the broader community from preventable diseases. Because this program places students in healthcare settings, clinical partners require proof of vaccination as a condition of participation. While students may request a medical or religious exemption, such exemptions are not guaranteed and may not be accepted by clinical placement sites. Even if an exemption is approved by the University, clinical partners may decline to accommodate it, and this could impact a student's ability to complete required clinical training. Students granted an exemption may also be subject to additional health or safety measures, and in certain circumstances, may not be able to participate fully in academic or clinical activities.

**Student Information**

- Name: _____
- Student ID: _____
- Program Year: _____
- Email: _____
- Phone: _____

**Vaccine(s) for Which Exemption Is Requested:**
☐ MMR
☐ Hepatitis B
☐ Varicella
☐ Tdap
☐ Influenza
☐ Other: _____

**Section A – Type of Exemption Requested**

☐ **Medical/Disability** – I have a medical condition or disability that contraindicates the vaccine(s) listed above.

☐ **Religious** – My sincerely held religious belief, practice, or observance prevents me from receiving the vaccine(s) listed above.

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**Section B – Student Statement**

- **Medical/Disability:** Please describe the basis for your request for a medical/disability exemption, including the contraindication, risk, or other medical limitation that prevents you from receiving the vaccination(s). While you do not need to disclose your diagnosis, your statement should provide enough detail for the University to understand the nature of the restriction.

- **Religious:** Please describe the sincerely held religious belief, practice, or observance that conflicts with the vaccination requirement. You may attach additional pages if needed.

  *(Optional for Religious Requests: You may provide a supporting statement from a religious leader or faith representative. This is not required.)*

**Section C – Healthcare Provider Certification *(Medical/Disability Requests Only)***

I certify that the above student is a current patient of mine, has been seen by me or my office in the past 12 months, and has a medical condition or disability that contraindicates the administration of the vaccine(s) listed above according to CDC guidance or my professional medical judgment.

This exemption is:
☐ Permanent
☐ Temporary – until: _____

I have provided sufficient medical information to support this attestation, limited to what is necessary to establish a contraindication to vaccination.

Provider Name: _____
Credentials: _____ License #: _____

Signature: _____ Date: _____

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**Section D – Student Consent for Clinical Site Disclosure *(All Requests)***

I understand that clinical placement sites set their own vaccination requirements and may not accept my exemption. I authorize Lee University to disclose to potential or current clinical placement sites and to University clinical faculty the fact that I have been granted a medical or religious exemption from receiving the vaccine(s) listed above, solely for the purpose of determining my eligibility for placement. I authorize my healthcare provider to release to Lee University any information necessary to support this request for exemption. I further authorize Lee University to communicate with my healthcare provider for the limited purpose of clarifying restrictions or confirming documentation.

Signature: _____ Date: _____

**Return completed form to:** clinicalcompliance@leeuniversity.edu