

## Team Member Vaccination Exemption Request

[Policy OCH-002: Occupational Health Screening and Maintenance](#) sets requirements for immunizations and vaccinations for all Team Members within the Health System.

By accepting vaccination, you are taking a step toward protecting yourself, your colleagues, your patients, and your community from the spread of vaccine-preventable diseases. If you request exemption from vaccination, you are accepting the risk of acquiring vaccine preventable disease, and putting others at risk for illness. If you have not been immunized, you may be furloughed from work in the event of an outbreak.

You may request exemption from pertussis, measles, and influenza vaccination by completing this form. This Team Member Vaccination Exemption Request form is also available at the Employee Health website under the [Immunize UVA link](#). If you need assistance accessing or completing the Employee Exemption Request Form, please come to Employee Health in person to request assistance.

Contraindications to vaccination are described by current [CDC/ACIP recommendations](#) and these serve as a basis for determining medical exemption. Valid evidence for any medical contraindication is required and consists of signed documentation from a physician, NP, PA or other LIP (not the requestor).

In order to request an exemption based on a medical problem, complete the Employee Section of the Exemption Request Based on a Medical Condition on Page 3 below and send to [immunizeuva@hscmail.mcc.virginia.edu](mailto:immunizeuva@hscmail.mcc.virginia.edu) OR deliver in person to Employee Health.

Immunize UVA will also consider non-medical requests for exemption based on religious principles, tenets, or beliefs. Requests based on religious beliefs should be described in the requestor's own words in the space provided on Page 2 below. If needed, the requestor may submit additional materials that support the request. Any additional materials should be submitted together with the Exemption Request Based on Religion. Once completed send the completed materials to [immunizeuva@hscmail.mcc.virginia.edu](mailto:immunizeuva@hscmail.mcc.virginia.edu) OR deliver the materials in person to Employee Health.

You will receive a notification of receipt within 7 business days. The submitted materials will be evaluated by Immunize UVA and determinations of exemption will be completed within **30 days**. If the exemption is not granted, you will not be considered compliant with UVA Health System Policy.

**Exemption Request Based on Religion:**

Employee name (first and last):	
Employee email address:	
Employee ID (9 digits on badge):	
Employee manager (first and last name):	
Manager email address:	
Vaccine to which you object:	

Please describe the religious principle, tenet, or belief for your request:

Please describe: why this principle, tenet, or belief conflicts with or precludes you from receiving a vaccination/immunization/etc.

I understand that, if I am employed by UVA, UPG, Crothall, or Morrison's, this request will be held in my employee health records maintained in Employee Health or WorkMed.

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

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



**Exemption Request Based on a Medical Condition:**

**Employee Section**

Employee name (first and last):	
Employee email address:	
Employee ID (9 digits on badge):	
Employee manager (first and last name):	
Manager email address:	
Vaccine to which you object:	

**Provider Section**

Provider name (first and last):	
Specialty:	
Practice/Employer:	
Role in care of Employee:	
Vaccine for which exemption is requested:	

To your knowledge, has the Employee received the specified vaccine previously? If so, when?

Does the employee have a history of a CDC/ACIP contraindication to the specified vaccine? If so, please briefly describe the contraindication or pertinent medical condition.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

This completed form will be returned to the employee.