Student Health and Wellness

234 Glenbrook Rd U-4011 Storrs, CT 06269 Exemption to Immunization Requirements



Name (Last, First, MI)		
Date of Birth	PeopleSoft#	
Home Address	Campus	: Telephone
	Home T	elephone
Date Entering UConn	Date Expected Graduation	
Exempt immunization/Testing (Check all that apply)		
☐ Measles ☐ Rubella ☐ Mumps ☐ Varicella ☐ N	leningitis Other	
forced vaccination, it would be an infringement on below, please provide a statement detailing your	their constitutional right to religious beliefs that preve receive a religious exempt	ef opposing vaccination to the extent that if the state exercise their religious beliefs. In the space provide nt you from receiving the required vaccinations fo ion. If additional space is required, attach additional
	t of Exemption to Immuni Religious Exemption al or ethical conviction sim us belief whose teachings	ilar to a religious belief.)
Signed		Date
The physical condition of the above named indi	t of Exemption to Immuni Medical Exemption idual is such that immuniz	zation Law
State reasons for requesting a medical exemption		
		Date
Healthcare Provider Signature		
	dical or religious subject disease for which immu	ts me to exclusion from campus in the event unization is required.
Signed		Date
Signed		Date
Signed Parent or guardian if student is under 18 years of	f age.	

Exemption to immunization 2/01, 8/08, 8/09,5/14,11/18

The original of this form is to be scanned and uploaded to your student health portal at myhealth.uconn.edu