



John A. Swenson Student Health Services  
McCannel Hall, Room 100  
2891 2<sup>nd</sup> Avenue N., Stop 9038  
Grand Forks, ND 58202-9038  
Phone: 701.777.4500 Fax: 701.777.4835

## Immunization Exemption Request Form

Complete the appropriate section below regarding your exemption request. This document needs to be signed by a licensed Health Care Provider (MD, DO, NP or PA). Exemptions will not be approved until this form is completed and is received by UND Student Health Service.

### Required Information

Name: \_\_\_\_\_

DOB: \_\_\_\_\_      UND ID: \_\_\_\_\_      Phone: \_\_\_\_\_

### Medical Exemption

Students requesting an exemption due to a medical condition (s) must have a provider complete this section. I certify that it would be harmful to this student's health to be immunized against the following disease(s):

\_\_\_\_\_

Check one:  Permanent exemption  Temporary Exemption: Date to be released: \_\_\_\_\_

### Religious/Philosophical Exemption

Students requesting a religious/philosophical exemption must have a provider's signature stating that they have reviewed the risks of not being immunized. Please give detailed information below.

I hereby certify that the immunization(s) \_\_\_\_\_

Is/are contrary to my beliefs because \_\_\_\_\_

\_\_\_\_\_

I understand that requesting this exemption does carry risk. In the event of an outbreak of a communicable disease in which immunization is required, Student Health Service staff and or the local/state public health officer will determine exclusions from campus and campus activities until the danger of the epidemic is over.

Student signature \_\_\_\_\_ Date: \_\_\_\_\_

**Required Health Care Information:** (this form will not be accepted if this section is not completed.)

Provider's signature \_\_\_\_\_ Date: \_\_\_\_\_

Facility Name/location: \_\_\_\_\_