



John A. Swenson Student Health Services
McCannel Hall, Room 100
2891 2nd 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. Exemptions will not be approved until this form is completed and is received by UND Student Health Services.

Required Information:

Name (First Middle Last): _____

Birthdate: _____ UND ID: _____ Phone: _____

Medical Exemption

Check one: Permanent Exemption Temporary Exemption: Date to be released: _____

Students requesting an exemption due to a medical condition(s) must have a licensed Health Care Provider (MD, DO, NP or PA) complete this section.

I certify that it would be harmful to this student's health to be immunized against the following disease(s):

Medical Provider Signature: _____ Date: _____

Student Signature: _____ Date: _____

Religious or Philosophical Exemption

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, UND Student Health Services 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: _____