



## Request for Immunization Exemption

**Student name:**

**Student ID:**

**Program (BSN, MSN, NP, PhD):**

**Campus if BSN program (Tyler, Longview, Palestine):**

**Date:**

**Identify which of the following immunizations you are requesting an exemption (select all that apply):**

[Tetanus, diphtheria, pertussis \(Tdap\)](#)

[Influenza \(flu\)](#)

[Tetanus diphtheria \(Td\)](#)

Other:

[Hepatitis B](#)

[Measles, mumps, rubella \(MMR\)](#)

***(Do not use this form for COVID vaccine exemption request)***

[Varicella \(chickenpox\)](#)

**Identify which type of exemption you are requesting:**

Medical Exemption. To qualify for a medical exemption, include a provider statement (licensed physician, PA, or NP practicing under a valid medical license practicing in the state of Texas).

Documentation must include:

- Specification of which vaccines(s) are contraindicated.
- Clinical reason for contraindication
- Signed and dated by licensed practitioner

Reason of Conscience or Religious Exemption (religious belief, practice, or observance)

**Validate understating of benefits and risks of vaccination:**

I have read and understand the Vaccine Information Statements including the benefits and risks of vaccination for the vaccines I am requesting an exemption (see links in immunization section).

I certify that the information I have provided is true and correct. I understand I have the right to decline immunizations, but I may be required to adhere to additional precautions or be denied clinical placement in specific facilities/units. I understand faculty cannot ensure alternate placement to meet clinical requirements. I understand I may be required to submit additional clinical facility specific exemption request documentation to be reviewed and approved/declined by the clinical facility.

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