

## Vaccination Exemption Form

**Name:**

**Department:**

**Title:**

**Supervisor:**

**Employee ID # (if known)**

**Vaccine Type:**

Influenza

COVID-19

**Instructions:** Complete this form and attach all requested documents to obtain a medical or religious exemption from the vaccination. This can be submitted to Human Resources at HR-wtc@luc.edu. Please see below for more information.

*My request is based on the following:*

**Medical:** Medical exemptions to immunization are available to those who have medical contraindications, precautions or other medical conditions/disabilities for which a licensed healthcare provider certifies that the individual is unable to receive the vaccine. Medical contraindications for immunizations are determined by the most recent Adult Immunization Recommendations of the ACIP, Public Health Services, U.S. Department of Health and Human Services, which is contained in the Centers for Disease Control and Prevention publication, the Morbidity and Mortality Weekly Report. A contraindication is a condition in a recipient that increases the risk for a serious adverse reaction. A precaution is a condition in a recipient that might increase the risk for a serious adverse reaction or that might compromise the ability of the vaccine to produce immunity. Please have a licensed medical provider complete the Medical Certification for Vaccine Exemption form and submit a copy along with this form.

**Religious:** As a private institution, we reserve the right to fully evaluate all religious exemption requests. A religious exemption requires a signed written statement from the employee describing the reason for the exemption and must include the following, as dictated by the State of Illinois.

1. An explanation of the reason for exemption in your own words.
2. A description of the religious principle that guides your objection.
3. An indication of whether this religious belief constitutes an objection to all immunizations or only this vaccine; if it is not an objection to all immunizations you must explain the religious basis for not receiving this particular immunization.

I attest to the following:

As an unvaccinated individual, I am aware that I may be prohibited from campus in the case of a vaccine preventable outbreak or exposure.

Applicant's Signature: