



# WAYNE STATE UNIVERSITY

## Influenza Vaccination – MEDICAL/RELIGIOUS OBSERVATION DECLINATION FORM

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

AccessID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Please select all that apply:                      WSU student                      WSU employee

Individuals who have a medical condition that would prevent them from being able to receive vaccines must present documentation from their physician/practitioner.

Have you ever had a life-threatening allergic reaction after a dose of Influenza vaccine? Yes                      No

Have you ever had a life-threatening allergic reaction to any of the vaccine ingredients? Yes                      No

If yes, which ingredient?

Have you ever had a serious allergic reaction to eggs? Yes                      No

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

**HEALTH CARE PROVIDER TO COMPLETE**

**A Michigan-licensed physician/practitioner to complete and sign request for exemption.**

**Physician/Practitioner Statement:** The above-named individual from WSU is under my care. I have reviewed the Influenza vaccine recommendations from the Centers for Disease Control (CDC) and request the following medical exemption based on a true medical contraindication as outlined by the CDC:

- Permanent Exemption related to:
  - Severe allergic reaction (e.g., anaphylaxis) after a previous dose of Influenza vaccine
  - History of anaphylactic reaction to Influenza vaccine ingredient
    - Egg allergy
  - History of Guillain-Barré syndrome
  - other

Provider Name (print): \_\_\_\_\_

MI Medical License #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Date: \_\_\_\_\_

# RELIGIOUS EXEMPTION REQUEST

*The University will grant exemption to the vaccine requirement when an individual's sincerely-held religious beliefs preclude vaccination. A religious exemption will not be granted based on a philosophical, moral, or conscientious objection. Please describe below why your sincerely-held religious beliefs preclude you from receiving the Influenza vaccination.*

Please identify your sincerely held religious belief, practice or observance that is the basis for your request for an exemption from the Influenza vaccine requirement:

Please briefly explain how your sincerely held religious belief, practice or observance conflicts with the University's Influenza vaccine requirement:

Please indicate whether you are opposed to all vaccines, and if not, the religious basis on which you object to the Influenza vaccine.

Please provide any additional information that you think might be helpful in reviewing your religious exemption request:

The Campus Health Committee reserves the right to request additional information reasonably needed to evaluate your request.

Applicant Signature:

## **Campus Health Committee Determination of Exemption Request:**

Accepted

Not Accepted

Signature:

*Everyone must upload this form to the hyperlink provided.*

*The Campus Health Committee will determine valid exceptions.*

*IMPORTANT NOTE: This exemption is only valid for the 2023-2024 academic year. The University may require additional request for exemption based on the needs of the individuals' respective school and academic program. As an individual with this exemption, I understand and certify:*

- I will follow any additional public health protective measures, which may evolve based on the overall course of the pandemic, as required by University policy. I understand I may be subject to additional requirements if my academic program requires me to be in a clinical settings.*
- In the event of an outbreak or a threatened outbreak of Influenza, I will comply with any University directive that may bar me from living, learning, and/or participating in University-approved activities on-Campus temporarily or permanently. I understand that any such restrictions will not entitle me to reductions in tuition, housing charges, or other University fees.*

*I certify that the information I have provided in connection with this request is accurate and complete and the exemption may be revoked if any false information has been used to request an exemption. I understand that although the University holds the health and safety of its community as paramount, there is no guarantee that I will not be exposed to or infected with Influenza.*

*I have reviewed the CDC's information on the benefits of getting an Influenza vaccine (<https://www.cdc.gov/flu/prevent/vaccinations.htm>) and understand that, as an unvaccinated individual, my physical presence as well as participation and utilization of facilities, services, and programs at the University may carry heightened risks that cannot be eliminated regardless of the care and reasonable efforts taken to avoid and mitigate those risks. Despite these risks, I chose not to be vaccinated. I have read and fully understand my obligations as described above and request this exemption related to influenza vaccine.*

Applicant Signature: