

## University of Arkansas for Medical Sciences

### Request for Medical or Religious Exemption from Vaccination

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_ UAMS ID: \_\_\_\_\_

Department Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

The University of Arkansas for Medical Sciences mandates certain vaccinations for all its employees and students, including MMR, Tdap, Varicella, Hepatitis B (for those exposed to blood and body fluids), and Influenza. Each request for exemption must be uploaded to your MyChart account, regardless of the reason, and will be evaluated individually by Student and Employee Health Services, and if needed, the Office of Human Resources. When requesting an exemption, specifically indicate which vaccine or vaccines for which you are seeking exemption in the documentation submitted in support of your exemption request. An exemption from the vaccine or vaccines does not include any required testing for immunity or infection to the disease or illness. **All exemption requests, whether Religious or Medical must be resubmitted annually to your MyChart account for review and/or renewal.**

Medical exemption \_\_\_\_\_ (Requester Initials)

I understand that by requesting a medical exemption I am required to provide documentation signed and dated by a licensed practitioner acting within their respective scope of practice. I also understand that the medical exemption must be based on standard criteria for medical exemptions recommended by the Centers for Disease Control and Prevention or Advisory Committees on Immunization Practices. It must also include a statement from the licensed practitioner recommending exemption from the vaccination requirement based on the medical contraindications. **This exemption request must be renewed annually and uploaded through MyChart.**

Religious exemption \_\_\_\_\_ (Requester Initials)

I understand that by requesting an exemption due to religious beliefs, observances, or practices, I am required to provide documentation to support my objection to the immunization for my sincerely held religious belief, observance, or practice. This documentation may include (1) a signed letter from my religious leader/pastor, on official letterhead, verifying my membership and the reasons and/or religious practices, beliefs, or observances that do not support immunization or (2) a statement from me explaining my objection to the immunization and the reasons and/or religious practices, beliefs, or observances that preclude immunization. **This exemption request must be renewed annually and uploaded through MyChart.**

I understand that I have 10 business days to obtain the supporting documentation for either the medical or the religious exemption.

I understand that while my exemption request is pending or if my exemption request is approved, I will be recognized as compliant with the mandatory vaccination requirement. Further, I understand that my protected medical and religious information will be kept confidential. I understand that I will be expected to follow the job duties outlined in my job description and orally communicated to me by my supervisor. I must follow infection control guidelines and care for patients admitted/seen with communicable illnesses (such as measles, mumps, rubella, Varicella, Hepatitis B, Covid-19, and influenza) and that I may be exposed to other serious illnesses (including but not limited to tetanus, diphtheria, and pertussis) as my job duties require. I will follow transmission-based precautions for patients with symptoms of communicable illness. I understand that if I develop symptoms of communicable illness, I must report to Student Employee Health Services for potential work exclusion until resolution of symptoms. I understand that an exemption from the vaccine or vaccines does not include any required testing for immunity or infection to the disease or illness. I understand that I will be required to wear a mask/PPE at all times on UAMS property. I understand that I will be required to maintain social distancing in public areas, including but not limited to the cafeteria, break rooms, hallways, classrooms, or other meeting areas, which includes eating or drinking in close proximity of other UAMS employees, students, contractors, patients, and visitors. **I understand that I will be required annually to submit a new exemption request whether it is for religious or medical purposes through MyChart, and I will**

provide all the forms and documents necessary for an exemption to be considered. I certify that the information on this form is true and correct and that I have read and have a full understanding of its contents.

Fill out the correct UAMS form(s) for the exemption(s) you are seeking and submit all pages completely filled out, dated, and signed to your MyChart account. Any supporting documents added to the forms must contain your name and date of birth on the documentation.

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

(Signature stamps not acceptable)

**Upload the completed form to your MyChart account. Visit the Student and Employee Health Services Clinic webpage, <https://uamshealth.com/location/sehs/>, for instructions on creating your MyChart and uploading your documentation.** For any questions concerning these exemptions, please contact, Student Employee Health Services at 501-686-6565, or you may call the Office of Human Resources at 501-686-5650 regarding policy compliance.

**UAMS Form for Medical Exemption from Vaccination**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*(Print)* *(Print)*

Dear Licensed Practitioner:

The University of Arkansas for Medical Sciences mandates vaccinations for all its employees and students, including MMR, TDAP, Varicella, Hepatitis B, and Influenza. Your patient has requested a medical exemption from \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ (write each vaccination) vaccination requirement. A medical exemption from any mandated vaccination is allowed for recognized contraindications only, and any medical exemption request will be reviewed individually with medical information. **This exemption request must be renewed annually and uploaded through MyChart.**

Please complete the form below to request a medical exemption for your patient. Should you have any questions, please call UAMS Student Employee Health Services at 501-686-6565. We may contact your office to confirm and discuss reasons for exemption.

**For those employees and students of UAMS with an allergy to eggs, this is no longer a valid exemption to the flu vaccine. The amount of egg protein in influenza vaccines is extremely small. People who can tolerate eating foods prepared with eggs, such as baked goods, can generally tolerate the influenza vaccine. Employees or students with a documented severe allergic reaction to egg should notify Student and Employee Health to receive FLUBLOK if available.**

My patient should not be vaccinated against \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ for the following MEDICAL reason:

History of previous severe allergic reaction to \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ vaccine or component of the vaccine.

- Defined as developing hives, swelling of the lips or tongue, difficulty breathing.
- Does not include sore arm, local reaction, subsequent upper respiratory tract infection, or gastro-intestinal symptoms.

History of Guillain-Barre syndrome within 6 weeks of receiving a previous vaccine

- People with this history can choose to receive the vaccine

Other, please describe below: **(AS PER THE CDC NOT TO INCLUDE THOSE INDIVIDUALS WITH ANY ALLERGY TO EGGS, IMMUNOSUPPRESSED, CHRONIC MEDICAL CONDITIONS OR PREGNANCY)**

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I certify that my patient has the listed on previous page contraindication(s) and request medical exemption from the specified vaccination(s).

Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature stamps not acceptable)

Practitioner Printed Name: \_\_\_\_\_ License #: \_\_\_\_\_

State: \_\_\_\_\_ Practitioner phone #: \_\_\_\_\_

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**Upload the completed form to your MyChart account. Visit the Student and Employee Health Services Clinic webpage, <https://uamshealth.com/location/sehs/>, for instructions on creating your MyChart and uploading your documentation.** For any questions concerning these exemptions, please contact, Student Employee Health Services at 501-686-6565, or you may call the Office of Human Resources at 501-686-5650 regarding policy compliance.

**UAMS Form for Religious Exemption from Vaccination**

Name: \_\_\_\_\_ UAMS ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The University of Arkansas for Medical Sciences mandates vaccinations for Influenza, MMR, Tdap, Varicella, and Hepatitis B (for those exposed to blood and body fluids), for all its employees and students. A religious exemption from vaccination is available to individuals who object to the vaccination due to a sincerely held religious belief, observance, or practice. You must demonstrate a sincerely held religious belief, observance, or practice explaining your objection to the immunization and the reasons and/or religious practices, beliefs, or observances of your sincerely held belief, observance, or practice that do not support immunization. You must indicate specifically which vaccine or vaccines in your explanation that you are seeking an exemption from receiving. I understand that if I develop symptoms of communicable illness, I must report to Student Employee Health Services for potential work exclusion until resolution of symptoms. I understand that an exemption from the vaccine or vaccines does not include any required testing for immunity or infection to the disease or illness. I understand that I will be required to wear a mask/PPE at all times on UAMS property. I understand that I will be required to maintain social distancing in public areas, including but not limited to the cafeteria, break rooms, hallways, classrooms, or other meeting areas, which includes eating or drinking in close proximity of other UAMS employees, students, contractors, patients, and visitors. **All exemption requests, whether Religious or Medical must be resubmitted annually to your MyChart account for review and/or renewal.**

List vaccines requested for exemption: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

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**I understand that I will be required annually to submit a new exemption request whether it is for religious or medical purposes through MyChart, and I will provide all the forms and documents necessary for an exemption to be considered.** I certify that the information on this form is true and correct and that I have read and have a full understanding of its contents. Print additional pages if needed. **Any supporting documents must contain your name and date of birth on the documentation.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature stamps not acceptable)

**Upload the completed form to your MyChart account. Visit the Student and Employee Health Services Clinic webpage, <https://uamshealth.com/location/sehs/>, for instructions on creating your MyChart and uploading your documentation.** For any questions concerning these exemptions, please contact, Student Employee Health Services at 501-686-6565, or you may call the Office of Human Resources at 501-686-5650 regarding policy compliance.