

Health Sciences Immunization Program (HSIP) Participant Medical Exemption Request for Required Vaccines

This form is explicitly for students enrolled in Health Sciences and Speech and Hearing Sciences programs who are required to participate in HSIP. It is the University of Washington (UW)'s goal that all students in HSIP participating schools/programs remain compliant with the HSIP vaccine requirements. HSIP requirements are in accordance with the CDC Guidelines for Healthcare Workers and UW affiliation agreements with practicum sites. Vaccine/disease titers and TB screening are not eligible for an exemption. Med+Proctor account and HSIP fees are still applicable even if an exemption is accommodated.

Student Name (print): _____ School/Program: _____

UW Student NetID: _____ UW Student ID#: _____

SECTION 1 & 2: TO BE COMPLETED BY A LICENSED HEALTH CARE PROVIDER (MD, DO, ARNP, PA ONLY)

SECTION 1: INDICATE THE STUDENT'S MEDICAL CONDITION NECESSITATING THE VACCINE EXEMPTION FOR APPLICABLE VACCINES.

1. **INFLUENZA VACCINE EXEMPTION** ☐ Permanent ☐ Temporary (anticipated time interval) _____

- ☐ Severe allergic reaction (e.g. anaphylaxis) after a previous dose of flu vaccine or a flu vaccine component.

List symptoms (REQUIRED): _____

- ☐ History of Guillain-Barre Syndrome (GBS) within 6 weeks of previous influenza vaccination; risks of vaccination outweigh benefits.

2. **OTHER VACCINE EXEMPTION** ☐ Permanent ☐ Temporary (anticipated time interval) _____

a. Name(s) of contraindicated vaccine(s): ☐ MMR ☐ Varicella ☐ Tdap ☐ Hepatitis B

b. Rationale (check applicable box):

- ☐ Pregnant student: Live virus vaccine contraindicated (MMR, Varicella). Due Date: _____

- ☐ Immunosuppressive medication. Medication/dose/expected length of treatment: _____

- ☐ Immunodeficiency disorder _____ Expected duration: _____

- ☐ Documentation of severe allergy to vaccine or its components:

List symptoms (REQUIRED): _____

- ☐ Other *Detailed description (REQUIRED):* _____

SECTION 2: PROVIDER INFORMATION AND SIGNATURE

Printed name: _____ Date: _____

Provider Signature: _____ Select: ☐ MD ☐ DO ☐ ARNP ☐ PA

License # _____ NPI # _____ State: _____

Medical facility name: _____

Address: _____ Phone number: _____

SECTION 3: STUDENT RECOGNITION OF RISK AND ACCOMMODATION

It is important that individuals seeking vaccine medical exemption understand and acknowledge the risks of being unvaccinated. By requesting a medical exemption for vaccination, and remaining unvaccinated, you have an increased risk of infecting yourself and others with a communicable disease(s) for which you are unvaccinated, which in turn may lead to additional medical consequences including infection, disease, hospitalization and/or death to you or those you come in contact with, including patients. It is the responsibility of the Health Sciences (HS) & Speech and Hearing Sciences (SPHSC) schools/programs to determine whether accommodation can be made for unvaccinated students with a vaccine medical exemption. If approved for a vaccine medical exemption, students may still need to complete an additional exemption process for certain practicum sites. You are required to notify each practicum facility of your unvaccinated status and must adhere to their requirements for unvaccinated students. Practicum sites may decline participation of unvaccinated students at their discretion.

Medical exemption requests are reviewed by the HSIP medical director for medical validity. Additional testing, medical consultation, and/or documentation may be required to receive an exemption.

SECTION 4: STUDENT ACKNOWLEDGMENT & SIGNATURE

By signing, I agree to Section 3, *Student Recognition of Risk and Accommodation*. I understand that if relevant circumstances change, including changes to policies and/or public health and safety considerations (such as an outbreak of a vaccine-preventable disease), my accommodation may need to be revisited.

Student Signature: _____ Date: _____

Submit the completed, signed form to HSIP via myshots@uw.edu.