



University of Minnesota

Vaccination and Immunization Requirement Policy for Learners in the Health Sciences

Individual Learner Exception Request Form for Non-Medical Reasons

Instructions

- 1. Learners who wish to submit a request for an individual exception for non-medical reasons to any one of the vaccination or immunization requirements stated in the policy referenced above must first download and complete this form template.
2. Then, the learner must submit the completed form for review and signature to the Associate Dean or Program Director of the learner's school or program of enrollment. Approval from the Associate Dean or Program Director must be documented with his/her/their signature on this form.
3. After obtaining the necessary signature on this exception request form, the learner must then upload the fully completed and signed form at the relevant link:

Table with 3 columns: Core requirement: http://z.umn.edu/hsimmupload, COVID-19 requirement: https://z.umn.edu/HSC19vaccine, Influenza requirement: https://z.umn.edu/ahsflushot

- a. Once the signed and approved exception request form has been submitted via the relevant link shown above, this documentation will be made available to the appropriate school or program staff members to ensure necessary actions are taken henceforth. Your school or program coordinator will then work with you to determine whether your clinical training/activities will need to be adjusted to accommodate the exception. You may need to share details relating to which immunizations are not compliant with your program coordinator for this purpose.
b. An approved vaccination or immunization exception request may be revoked at any time if the school or program of enrollment no longer wishes for the exception to continue. If a previously-approved exception request is revoked, the school or program must promptly notify the learner of this change in writing.

Learner Exception Request

The learner named below is hereby requesting an individual exception for non-medical reasons to one or more of the vaccination or immunization requirements stated in the policy referenced at the top of this form. The learner is responsible for completing all of the instructions detailed above in order to ensure the exception request is appropriately documented. The learner's request will be considered, but approval is not guaranteed. If approved, the learner understands this may cause a delay in his/her/their program progression.

Learner's name: _____ Learner's UMN internet ID: _____

For which vaccination(s) or immunization(s) is this exception being requested? _____

Rationale for exception request: _____

If this is a temporary request, please specify the time frame for which you are requesting this exception: _____

Learner's signature: _____ Date: _____

Exception Review and Approval by School/Program

This signature indicates approval of the individual exception request detailed above.

School/Program signature: _____ Date:

School/Program signatory's title:

School/Program signatory's email address:
