



## STUDENT VACCINATION EXEMPTION REQUEST FORM

Please complete the below form to request an exemption from the vaccination requirements at Webster University. Completed forms must be submitted to [studentaffairs@webster.edu](mailto:studentaffairs@webster.edu) with the subject line, "Vaccination Exemption Request". All requests should be submitted from the student's @webster.edu email.

I, \_\_\_\_\_ (full name) am a student at Webster University and request that I be exempt from the requirement to receive the following vaccinations:

All                       MMR                       Meningitis                       COVID-19

I request that I be exempt from the requirement to receive the above vaccination(s) and/or immunizations based on:

**Medical Grounds.** *Please explain:*

\*All medical exemption requests **must be verified with a letter from the student's medical provider**, in addition to completing this form. The submitted documentation must specify which immunization(s)/vaccine(s) cannot be given and certify that the provider has personally examined the student and is of the opinion that the student's health would be endangered by the immunization.

**Religious grounds.** I certify that the receipt of a vaccine or immunization would conflict with or violate my sincere religious beliefs.

- I understand and agree that in the event of an outbreak of a communicable disease I will (at my own expense) either leave campus or receive immunization for the communicable disease, and will follow Webster's policies and protocols as well as the recommendations of local, state, and federal health agencies related to the communicable disease.
- I further understand and agree that due to local, state, or federal guidance related to communicable diseases, I may be subject to additional requirements that vaccinated individuals are not.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Student Address

\_\_\_\_\_  
Semester Requesting Exemption  
(e.x., Fall, Fall 2, Spring, Spring 2,  
Summer [be sure to include the year])

\_\_\_\_\_  
City, State, Zip Code

Are you requesting this exemption for your Study Abroad program?

YES                       NO