

UNIVERSITY OF CALIFORNIA DISABILITY EXCEPTION REQUEST FORM

This form should be used by University of California students to request an Exception based on a Disability to any of the mandatory vaccinations required by the Policy on Vaccination Programs and the Vaccination Program Attachments. Those who are permitted by University Policy and applicable public health directives to decline a vaccination (such as an influenza vaccination) should use the application Vaccination Declination Form instead.

Student Name (print): _____

DOB (month/day/year): ____/____/____ Student ID#: _____

Campus Student Attends: _____ Student Email: _____

I have a Disability and am requesting an Exception to the mandatory vaccinations required by the Policy on Vaccination Programs and the Vaccination Program Attachments as a Disability accommodation. My request is supported by the attached certification from my health care provider. I understand that some local (city/county) public health departments have issued orders specifying that the certification must be signed by a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician.

Please provide any additional information that you think may be helpful in processing your request. Do not identify your diagnosis, disability, or other medical information.

I understand that I must comply with any additional Non-Pharmaceutical Interventions applicable to my circumstances or position, as required by my Location. If my request is granted, I understand that I will be required to comply with Non-Pharmaceutical Interventions specified by my Location as a condition of my Physical Presence at any University Location/Facility or Program.

I verify the truth and accuracy of the statements in this request form.

Student Signature: _____ Date: _____

Date Received by University: _____ Received By: _____