

# University of California Santa Barbara Temporary Exception/Deferral Request Form

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Full Name: \_\_\_\_\_

PERM: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I, \_\_\_\_\_ have reviewed the University of California COVID-19 Vaccine Policy, and hereby certify that I cannot receive the COVID-19 vaccine by the specified deadline. I understand that this is a temporary request and I will submit my vaccinations as soon as received.

**For STUDENTS:** Please check the appropriate box and list below either:

**International Student:** *I am unable to receive my vaccination(s) until I arrive on campus.*

**Other:** *I am unable to receive my vaccination(s) by the specified deadline.*

**\*REQUIRED: Please briefly explain why you are unable to complete the requirement by the specified deadline:**

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My requested expiration date of the exemption for this vaccine is: \_\_\_\_\_

**While my request is pending, and if my request is approved, I understand that I must comply with the Non-Pharmaceutical Interventions (e.g., face coverings, regular asymptomatic testing) for unvaccinated or not fully vaccinated individuals as a condition of my Physical Presence at any University Location/Facility or Program. At UCSB, I understand that I will need to wear a face covering at all times indoors when inside any UCSB-owned or UCSB-operated facility, or at any location on or off campus at which I am conducting university business, except for my residence. Face coverings are recommended when outdoors if a 6-foot distance cannot be maintained. I also understand that I will need to complete the UCSB Daily COVID-19 Screening Survey and obtain a weekly screening COVID-19 test on campus scheduled through the UCSB Student Health Patient Portal Gateway. 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**

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

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

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*Once this form is filled out completely and signed, please upload to your Student Health Patient Portal Medical Clearances section.*