

Wake Forest University Student Health Service Influenza Vaccine Exemption Request Form

This form will be reviewed by Student Health Service medical personnel and,
if necessary, by the University's infectious diseases consultant.

Section I: to be completed by student or guardian (if student is under 18)

Medical Exemption: See the [CDC guidance](#) regarding contraindications for the seasonal influenza vaccine.

Last Name	First Name	Middle Initial	Student Email	Date of Birth	WFU ID #

Signature: _____ Date: _____

Student or guardian if under 18

Section II: Medical Exemption Request (to be completed by medical provider)

Medical Provider Certification of Contraindication: I certify that my patient (named above) should not be vaccinated against COVID-19 because they have one of the following contraindications:

- Documented anaphylactic allergic reaction or other severe adverse reaction to the influenza vaccine – e.g., cardiovascular changes, respiratory distress, or history of treatment with epinephrine or other emergency medical attention to control symptoms. Generally does not include gastro-intestinal symptoms as the sole presentation of allergy. Describe the specific reaction:

- Documented allergy to a component of the vaccine – does not include allergic reaction to egg (egg-free vaccines are available), sore arm, local reaction or subsequent respiratory tract infection. Describe the specific reaction:

- Patient has had a history of Guillain-Barré (or Guillain-Barré-like) syndrome.

Signature of Healthcare Provider:	
Name (print):	Address/Clinic Stamp:
Signature:	Phone:

Once completed, students should upload the signed form to the document upload section of your Student Health Portal.
Questions: please contact Student Health Service at shs@wfu.edu or 336.758.5218.

Section III: Religious Beliefs Exemption Request (to be completed by student or guardian if under 18)

Requests for exemption based on religious beliefs: if the bona fide religious beliefs of a student (or the parent, guardian if under age 18) are contrary to the immunization requirement for the seasonal influenza vaccine, the student will be exempt of the requirement upon submission of a written statement below of the bona fide religious beliefs and opposition to the immunization requirement.

Student statement:

Signature: _____ Date: _____
Student or guardian if under 18

Once completed, students should upload the signed form to the document upload section of your Student Health Portal.
Questions: please contact Student Health Service at shs@wfu.edu or 336.758.5218.