



Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

University ID \_\_\_\_\_

**REQUEST FOR NON-MEDICAL EXEMPTION FROM UNIVERSITY OF DENVER  
INFLUENZA (FLU) VACCINATION REQUIREMENT**

DU is once again requiring that students, faculty, and staff be vaccinated against the seasonal Influenza virus. DU recognizes that not every individual is in a position to be vaccinated at this time. Accordingly, DU has established a process to consider requests for certain limited exemptions to the vaccination requirement.

To request a non-medical exemption, please complete all items on this form and submit the signed form to the Health & Counseling Center (HCC) through the [myhealth.du.edu portal](http://myhealth.du.edu).

**NON-MEDICAL EXEMPTION:**

I am the individual or parent/guardian of the individual named above (if the individual is under 18 years of age), and I am seeking an exemption due to a sincerely held religious or personal belief (as specified below) that prevents me (or my child) from receiving Influenza vaccination at this time. Please check all applicable bases:

- I am opposed to receipt of vaccination and immunization against seasonal influenza based on a conflict with my sincere religious beliefs.
- I am opposed to receipt of vaccination and immunization against seasonal influenza based on a conflict with my personal beliefs.
- I am opposed to receipt of vaccination and immunization against seasonal influenza based on other reason(s) (Must specify reason(s)):

\_\_\_\_\_  
\_\_\_\_\_

I understand that I must submit a request for a non-medical exemption to address the vaccination requirement prior to arrival for winter term 2022. I have had the opportunity to review the information provided by the [Centers for Disease Control & Prevention](http://Centers for Disease Control & Prevention) about the influenza vaccines and how they work, as well as the [benefits of receiving the influenza vaccine](http://benefits of receiving the influenza vaccine).

I understand that I may change my mind at any time and accept the seasonal influenza vaccination in the future.

I acknowledge that I have read this document in its entirety and the information I have provided on this form is complete and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(or Parent/Guardian Signature if Individual is under 18)

*The University of Denver requires an actual signature. An adobe digital ID will be rejected.*

Name of Parent/Guardian (if applicable) \_\_\_\_\_  
Relationship to Individual (if applicable):  Mother  Father  Legal Guardian