Immunization Exemption Form

Medical Condition

If a current medical condition prevents a student from being immunized, a statement to that fact must be provided by a licensed physician. Please attach your physician’s statement.

I __________________________________, request to be excused from UNLV’s immunization requirement due to my current medical condition.

________________________________________  __________________________
Signature                                      Date

________________________________________
NSHE I.D.

If the student is under 18, a parent or legal guardian may submit the letter on the student’s behalf.

I __________________________________, request that my son/daughter be excused from UNLV’s immunization requirement due to his/her current medical condition. Please attach your physician’s statement.

________________________________________  __________________________
Parent’s Signature if under 18                Date

________________________________________  __________________________
Student’s NSHE I.D.                            Print Student’s Name

Please note: If there is a communicable outbreak at UNLV with regard to the required immunizations, you will not be permitted to attend classes until such time you become immunized (2 measles, mumps, rubella; current TD; and a current meningitis if you were under 23 when enrolled in your first semester), provide proof of immunizations, or are allowed to return by an appropriate health authority.
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Religious Belief

If a student’s religious beliefs prohibit him/her from being immunized, the student must complete the following statement.

I ____________________________, request to be excused from UNLV’s immunization requirement due to my religious belief.

__________________________  ______________________
Signature                  Date

__________________________
NSHE I.D.

If the student is under 18, a parent or legal guardian may submit the letter on the student’s behalf.

I ____________________________, request that my son/daughter be excused from UNLV’s immunization requirement due to his/her religious belief.

__________________________  ______________________
Parent’s Signature if under 18  Date

__________________________  ______________________
Student’s NSHE I.D.                  Print Student’s Name

Please note: If there is a communicable outbreak at UNLV with regard to the required immunizations, you will not be permitted to attend classes until such time you become immunized (2 measles, mumps, rubella; current TD; and a current meningitis if you were under 23 when enrolled in your first semester), provide proof of immunizations, or are allowed to return by an appropriate health authority.