

**UNIVERSITY OF CALIFORNIA
STUDENT INFLUENZA VACCINATION EXEMPTION OR
ACCOMMODATION REQUEST FORM 2020/2021**

STUDENT NAME	STUDENT ID
STUDENT PHONE NUMBER	STUDENT EMAIL

This form is for students requesting an exemption from or accommodation related to the University of California's flu vaccine mandate. Please complete, sign, and submit this form to shsfluvaccine@health.ucsd.edu.

STEP ONE: INDICATE THE BASIS FOR YOUR REQUEST FOR AN EXEMPTION OR ACCOMMODATION IN CONNECTION WITH THE UNIVERSITY'S FLU VACCINE MANDATE

1. _____ I require a medical exemption. Please check the reason:
 - I have had a severe allergic reaction (life-threatening or anaphylaxis) after a previous dose of influenza vaccine or have had a severe allergic reaction to a component of the influenza vaccine.
 - I have a history of Guillain-Barre Syndrome within 6 weeks of previous influenza vaccine.
 - Other (please explain) _____

2. _____ I have a disability. Please describe your disability and briefly explain why your disability may require accommodation or exemption from the flu vaccine mandate.

3. _____ I have a sincerely held religious belief, practice, or observance. Please identify your sincerely held religious belief, practice, or observance that is the basis for your request for religious accommodation. Briefly explain how your sincerely held religious belief, practice, or observance conflicts with the University's flu vaccine mandate.

STEP TWO: INFORMATION ABOUT POSSIBLE ACCOMMODATIONS

4. Would and could you wear a face covering at all times when you are on any UC location?

____ Yes

____ No

5. Please provide any additional information that may be helpful in processing your request, including potential accommodation(s) and applicable time period or frequency.

Student Signature: _____ Date: _____

Date Received by University: _____ By: _____