UNIVERSITY OF
DETROIT MERCY
COLLEGE OF HEALTH PROFESSIONS
& MCAULEY SCHOOL OF NURSING

INFLUENZA VACCINATION: EXEMPTION FORM

*It is important you read this information in its entirety.
*All requests will be reviewed by and are subject to the approval of the Dean's Office, College of Health Professions.

First and Last Name: _____ Date of Birth: _____

Address, City, State, Zip: _____

University Email: _____Phone Number (mobile): _____

Please select all that apply: ☐ Detroit Mercy Student ☐ Detroit Mercy Clinical Instructor

Please indicate your exemption need below:

☐ Requesting complete exemption from Influenza vaccination

Please indicate the requested exemption category below:

☐ Medical Exemption ☐ Faith-Based Sincerely Held Belief Exemption

Please detail your reason for the request. Essentially, how does receiving the vaccination conflict with your category of exemption.

_____

_____

Clinical opportunities may require vaccination against influenza as a condition of clinical involvement. University of Detroit Mercy is not able to place students in a location based upon vaccination status. This means that:

- You are not guaranteed a clinical site placement if your vaccination status differs from the site requirement;
- An exemption from vaccination against influenza is subject to the site allowance. If you have an approved faith-based exemption from University of Detroit Mercy, this may not be acceptable to fulfill the given site requirement;
- Detroit Mercy is not responsible for providing clinical opportunities in locations without a vaccine requirement.

☐ **I understand that I cannot be guaranteed a clinical site opportunity that coincides with an exempt status even if approved for University exemption.**

Student / Clinical Instructor Signature: _____

FOR MEDICAL EXEMPTION PLEASE COMPLETE THIS PAGE

Individuals who have a medical condition that will prevent them from receiving the influenza vaccine must present documentation from their physician or practitioner.

Have you ever had a life-threatening allergic reaction after a dose of Influenza vaccine? ☐ YES ☐ NO

Have you ever had a life-threatening allergic reaction to any of the vaccine ingredients? ☐ YES ☐ NO
If yes, which ingredient? _____

Have you ever had a serious allergic reaction to eggs? ☐ YES ☐ NO

Student / Clinical Instructor Signature: _____

HEALTHCARE PROVIDER TO COMPLETE

A licensed physician/practitioner to complete and sign request for exemption.

Physician/Practitioner Statement: The above-named individual from the University of Detroit Mercy is under my care. I have reviewed the influenza vaccine recommendations from the Centers for Disease Control (CDC) and request the following medical exemption based on a true medical contraindication as outlined by the CDC:
Exemption related to:

- ☐ Severe allergic reaction (e.g., anaphylaxis) after a previous dose of Influenza vaccine
- ☐ History of anaphylactic reaction to Influenza vaccine ingredient
- ☐ Egg allergy
- ☐ History of Guillain-Barre syndrome
- ☐ Other: _____

Physician/Practitioner Name (Print): _____
Medical License #: _____
Phone: _____ **Date:** _____
Physician/Practitioner Name (Signature): _____

Student/Instructor: Upload this form to your ACEMAPP Account

For questions about this form please email the chpcomplianceoffice@udmercy.edu

Revised 10.20.2025