

# Vaccine Declination Process

## OU Health & OU-Tulsa Students

*Please follow the steps below to complete the vaccine declination process and achieve compliance status within the Complio system.*

1. Complete the entire Vaccine Declination Form (page 2 of this document) except for the **For Completion by OU Administration** box at the bottom of the page.
2. Email your completed form (and required documentation) to Student Accommodations Services (SAS) using the subject line **“Vaccine Declination Form”** to [Tulsa-SAS@ou.edu](mailto:Tulsa-SAS@ou.edu)
3. Once you have received notification that your declination has been approved, load the approved declination form to Complio and place it in the “Declination” compliance item for the particular vaccine you are declining.
  - a. Any form uploaded to Complio without signature approval from SAS will be denied by Complio.

### **Reminders:**

- *A separate form is required for each vaccine you are electing to decline. -*
- *As the flu vaccine is required annually, a declination form must be approved annually. -*
- *TB Testing cannot be declined as it is not a vaccination. -*

# Vaccine Declination Form for OU Health Sciences & OU-Tulsa Students

*This updated form is to be used by students who are required to receive a vaccine based upon academic requirements and are declining the vaccination for one of the two reasons stated below.*

## DECLINATION OF VACCINE

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ College Program: \_\_\_\_\_

Campus/Site Location: \_\_\_\_\_

I request an accommodation for an exemption from the \_\_\_\_\_ vaccination requirement for one of the following two reasons (select one):

\_\_\_\_\_ I request an exemption from this vaccination requirement based on my sincerely held religious beliefs, practices, or observances.

- *Please explain the reasons for your requested exemption. If you do not provide a statement that includes your reason, your exemption request will not be process and will be denied.*

**OR**

\_\_\_\_\_ I request an exemption from this vaccination requirement based on my disability, which may include an existing medical condition.

- *Please attach documentation of your disability, which may include an existing medical condition; this documentation should disclose any contraindications to receiving the vaccine and must be signed by a medical provider.*

**FURTHER, I understand and acknowledge:**

\_\_\_\_\_ (initial) If granted an exemption, I understand I must follow all prevention measures as instructed by my College and/or by an facility where I may be assigned for clinical rotations or experiences.

**Please note that for each vaccine being declined, a separate form will need to be completed. To the best of my knowledge, I swear or affirm that the information and documentation I provided on this form is true and accurate. If I knowingly provided false information or documentation on this form, I may be subject to disciplinary proceedings under the Student Professional Behavior in an Academic Program Policy or the Student Rights and Responsibilities Code.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Completion by OU Administration:**

Reviewed/Approved by: _____	Date: _____
Office and Title: _____	