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UNC HEALTH SCIENCE STUDENT
INFLUENZA RELIGIOUS EXEMPTION FORM

UNC CAMPUS HEALTH SERVICES: PHONE#: 919-966-2281, FAX#: 919-966-0108

I acknowledge that I am aware of the following statements:

- Influenza is a serious respiratory disease that kills thousands of people in the United States each year (24,000 deaths and more than 150,000 hospitalizations).
- Patients are at special risk for complications of the flu, including death.
- Influenza vaccination is recommended for me and all other healthcare personnel to protect patients from influenza and its complications.
- If I contract influenza, I can shed the virus for 24-48 hours before influenza symptoms appear. My shedding the virus can spread influenza to patients, as well as co-workers and visitors.
- If I become infected with influenza, I can spread severe illness to others, including debilitated and high risk patients with whom I may come in contact, even when my symptoms are mild or non-existent.
- I understand that the strains of virus that cause influenza infection change almost every year and, even if they do not change, my immunity declines over time; and this is why vaccination against influenza is recommended each year.
- I understand that I cannot get influenza from the influenza vaccine.
- The consequences of my refusing to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including all patients, my coworkers, my family, and my community.

I, the undersigned, declare the immunization requirement for the influenza vaccine as set forth by UNCH Health Care is contrary to my bona fide religious beliefs and/or tenets and request an exemption from this immunization requirement.

Name (Please print clearly): _____

Signature: _____ Date: _____

PID: _____ Telephone #: _____

School Affiliation: Dental Laboratory Sciences Medical Nursing Pharmacy PT/OT
 Other _____