

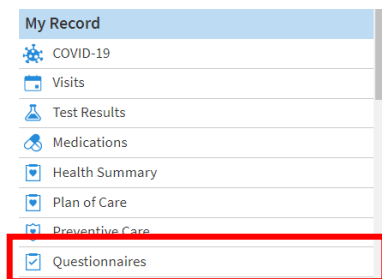
Employee/Student Health: How to access and complete an immunization declination request form

Please note: Completion of this form is not an automatic approval of the request to decline a mandated vaccine. Medical reasons to request an exemption will be evaluated and approved on a case by case basis. The outcome of your request for an exemption will be communicated through My Chart.

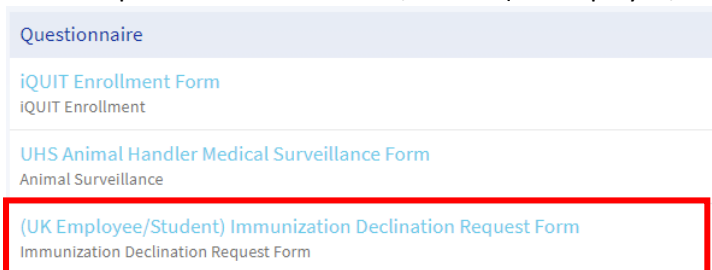
1. Log in to your MyChart account.



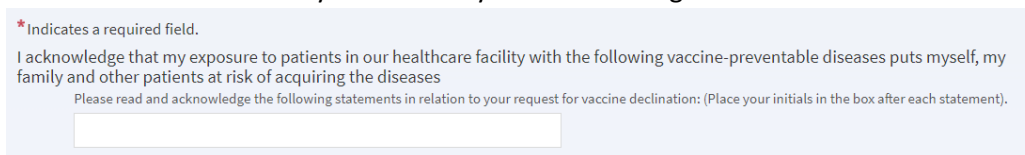
2. Click on Menu and then select Questionnaires



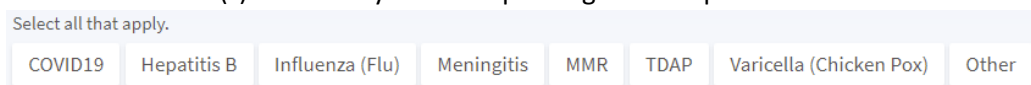
3. Under “Optional Questionnaires”, select “(UK Employee/Student) Immunization Declination Request Form”



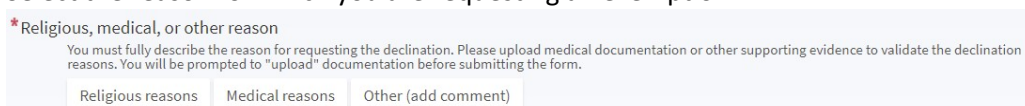
4. Be sure to read and enter your initials by the acknowledgments



5. Select the vaccine(s) for which you are requesting an exemption




6. Select the reason for which you are requesting an exemption



Employee/Student Health: How to access and complete an immunization declination request form


7. Complete the following screen and click “Continue”

* Please list the best phone number to contact you if needed:

 This is required

[Back](#) [Continue](#) [Finish later](#) [Cancel](#)

8. Upload supporting documentation that accompanies the reason you are requesting an exemption and click continue when complete For medical exemption requests, please attach a completed Medical Exemption Provider Letter.

 [Add a document](#)

[Back](#) [Continue](#) [Finish later](#) [Cancel](#)

9. Review your submission, edit if needed, and click “Submit”

UHS Immunization Declination Request Form

Please review your responses. To finish, click **Submit**. Or, click any question to modify an answer.

Question	Answer
I acknowledge that my exposure to patients in our healthcare facility with the following vaccine-preventable diseases puts myself, my family and other patients at risk of acquiring the diseases	LH
I have been given the opportunity to be immunized; however, I am choosing to decline the vaccinations checked below at this time	LH
I acknowledge that by declining immunizations I continue to be at risk of acquiring and spreading the diseases	LH
I acknowledge that in the event of an exposure I may be restricted from the facility, unit or area for at least the incubation period of the disease to which I have been exposed. The periods and lengths of restrictions are subject to the incident details	LH
Please select the immunizations you are requesting to decline	COVID-19
Religious, medical, or other reason	Medical reasons
Please list the best phone number to contact you if needed:	8599636523
By providing my email address below, I give you permission to send a copy of my Medical requirements summary. This summary will contain medical information. If you prefer to pick up your form in person, please write, "I will pick up". You can pick up forms in the Medical Records department of Employee Health between the hours of 8 to 4:30 M-F	laharg3@uky.edu

[Back](#) [Submit](#) [Finish later](#) [Cancel](#)

If you are requesting a medical exemption, your MyChart form will be routed to a University Health Service physician, who will review your request. Depending on the nature of your request, your deidentified information may be shared with the Declination Review Committee on a case-by-case basis. You will receive an outcome message through your MyChart portal. If approved and applicable, your Employee Health compliance form will be updated accordingly. By submitting this information, you authorize the disclosure of this information to the University for legitimate educational interests or the health and well-being of campus as appropriate and to any UK HealthCare facility for the health and well-being of those facilities as appropriate. If you are an employee of or contract with the University or any of its affiliated corporations or support organizations (or am employed by or contract with a contractor of the University or any of its affiliated corporations or support organizations), or have any privileges with UK HealthCare, then by submitting this information, you acknowledge and agree: (1) The information you are uploading will become part of your employment record or your contracted staff record, as applicable, for the purposes of campus and/or UK HealthCare health, well-being, and safety monitoring; and (2) Employee Health or others, including managers and supervisors, may contact you about your vaccination or exemption status.