

University Immunization Requirement Waiver Form

Incoming students may use this form to waive the traditional immunization requirements.

Full Name:

Student ID Number:

UTHealth E-mail:

Program Start Term:

Program Start Year:

The UTHealth Houston School of Biomedical Informatics Office of Academic Affairs will use the information you have provided in this form to determine whether or not to grant you a waiver for the University Immunization requirement ([HOOP Policy 55](#)) for your academic program.

Students who are enrolled in online classes ONLY are exempt from uploading the Immunization & Health Form requirement. Please be aware that the School of Biomedical Informatics (SBMI) will conduct online enrollment verification each term to ensure that students are compliant under this waiver.

Students also admitted to a dual/joint academic program can be exempt from this immunization requirement, if the immunization requirement at their home institution has been met.

In submitting this form, I affirm I am registering for ONLY online classes. Online classes with an on-campus component, including workshops, professional development, and/or a final exam, do not meet this requirement and require the University Immunization requirement ([HOOP Policy 55](#)) to be met by uploading documentation to the Health Services department. I understand if I enroll in a course that is not fully online and have not submitted the proper documentation to the School of Biomedical Informatics Office of Academic Affairs, my class may be dropped without prior notice and without refund.

By submitting this form, I certify that (1) the information I have entered is true and accurate, and (2) I understand that the submission of false or misleading information is grounds for rejection of my request, cancellation of my enrollment at UTHealth Houston and/or other disciplinary action.

I hereby acknowledge that I have been informed in writing of the requirements for waiving the UTHealth Houston Immunization requirement for the School of Biomedical Informatics.

Please select the exemption criterion which applies to you:

I am a student enrolled in a dual/joint academic program.

I will enroll in 100% fully online courses during my academic program.

Student's Name

Date

Student's Signature

**Submit documents with signatures to:
Office of Academic Affairs (SBMIAcademics@uth.tmc.edu)**