

**UCSC Silicon Valley Extension**  
**DEFERRAL REQUEST FORM**  
Deferral of SARS-CoV-2 (COVID-19) Vaccination Requirement

STUDENT NAME
Date of Birth
PHONE NUMBER
EMAIL

*This form should be used by University employees and students to request a Deferral of the COVID-19 vaccination requirement in the University's [SARS-CoV-2 Vaccination Program Policy](#) during pregnancy.*

I am currently pregnant and am requesting a Deferral of the COVID-19 vaccination requirement during my pregnancy. My anticipated due date is: \_\_\_\_\_

**While my request is pending, I understand that I must comply with the Non-Pharmaceutical Interventions (e.g., face coverings, regular asymptomatic testing) for unvaccinated or not fully vaccinated individuals as a condition of my Physical Presence at the UCSC Silicon Valley Campus. These required non-pharmaceutical interventions are defined by my Location's public health, environmental health and safety, occupational health, or infection prevention authorities, including the Location Vaccine Authority. I also understand that I must comply with any additional non-pharmaceutical interventions applicable to my circumstances or position, as required by my Location. If my request is granted, I understand that I will be required to comply with non-pharmaceutical interventions specified by my Location as a condition of my Physical Presence at any University Location/Facility or Program.**

**I verify the truth and accuracy of the statements in this request form.**

Employee/Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received by University: \_\_\_\_\_ By: \_\_\_\_\_