

## **COVID-19 VACCINE EXEMPTION FORM**

Vermont's Immunization Rule, adopted pursuant to 18 V.S.A. § 1123, applies to undergraduate students enrolled in colleges and universities. IN ADDTION, Northern Vermont University requires the COVID19 immunization unless exempt for medical or religious reasons. In order to claim either exemption this form must be completed and returned to the student health center prior to school attendance.

Students who claim any exemption may be kept out of classes during the course of a disease outbreak if it is determined that such students are at risk for getting that disease and transmitting it to other students. The length of time a student is excluded from classes will vary depending on the disease, and can range from several days to more than a month.

| STUDENT NAME   | NVU ID#LAST NAME |   |
|--|------------------|---|
| FIRST NAME   | LAST NAME        |   |
| DATE OF BIRTH//  |                  |   |
| MEDICAL EXEMPTION  |                  |   |
| Reason(s) for medical exemption:   |                  | _ |
| This exemption will likely continue until:   | //               |   |
| NOTE: The student should receive the vaccine for which they are exempt when the vaccine is no longer contraindicated. Only a health care practitioner authorized to prescribe vaccines may sign the medical exemption form.  |                  |   |
| NAME OF HEALTH CARE PRACTITIONER   |                  |   |
| PHONE #  | nrint)           |   |
| PHONE #(please print)SIGNATURE OF HEALTH CARE PRACTITIONER   |                  |   |
| DATE/  |                  |   |
| RELIGOUS EXEMPTION   |                  |   |
| In signing this form I attest to holding religious beliefs opposed to immunizations. I acknowledge that I have reviewed evidence-based educational material provided by the Vermont Department of Health regarding COVID-19 immunizations including: information about the risks of adverse reactions to immunization; information that failure to complete the required vaccination increases risk to the person and others of contracting or carrying a vaccine-preventable infection; and information that there are persons with special health needs who are unable to be vaccinated, or who are at heightened risk of contracting a vaccine preventable communicable disease, and for whom such a disease could be life-threatening. |                  |   |
| SIGNATURE OF STUDENT OR PARENT IF UNDER 18   |                  |   |
| DATE/  |                  |   |

Please return completed form via one of the following methods:

Johnson Campus - Wellness Center

WellnessCenter@NorthernVermont.edu.

Fax: 802.635.1292

37 College Hill Rd., Johnson, VT 05656

Lyndon Campus - Health and Counseling

LyndonHealth@NorthernVermont.edu

Fax: 802.626.6387

1001 College Rd., Lyndonville, VT 05851