

1

Guidance for medical exemptions for COVID-19 vaccination can be [viewed here](#). Please note, the following are NOT considered contraindications to COVID-19 vaccination:

1. Local injection site reactions after previous COVID-19 vaccines (erythema, induration, pruritus, pain)
2. Expected systemic vaccine side effects in previous COVID-19 vaccines (fever, chills, fatigue, headache, lymphadenopathy, vomiting, diarrhea, myalgia, arthralgia)
3. Vasovagal reaction after receiving a dose of any vaccination
4. Being an immunocompromised individual or receiving immunosuppressive medications
5. Autoimmune conditions, including Guillain-Barre Syndrome
6. Allergic reactions to anything not contained in the COVID-19 vaccines, including injectable therapies, food, pets, venom, environmental allergens, oral medication, latex, etc.
7. Pregnancy or breastfeeding
8. Immunosuppressed person in the employee's household
9. Alpha-gal Syndrome
10. Allergy to egg or gelatin
11. Having a positive antibody titer

2

Attention Health Care Provider

NVU requires that all students receive a COVID-19 vaccination.

_____ (*patient name*) is requesting a medical exemption from the COVID-19 vaccination requirement. A medical exemption may be allowed for certain recognized contraindications. Please certify below the medical reason that your patient should not be immunized for COVID-19 by completing this form and attaching available supporting documentation. Information provided on this form will be reviewed by a confidential committee in consideration of the exemption request.

Option 1 – Allergy

A documented history of a severe allergic reaction to any component of a COVID-19 vaccine or to a substance that is cross-reactive with a component.

Please indicate which of the following vaccines are contraindicated and name the components, by vaccine NOTE: since egg free vaccine is available, history of egg allergy will not be accepted as a routine medical exemption.

Moderna: Date of Vaccine and Reaction:

Pfizer: Date of Vaccine and Reaction:

Janssen/Johnson&Johnson: Date of Vaccine and Reaction:

A documented history of a severe allergic reaction after a previous dose of the COVID-19 vaccine

Please indicate to which vaccine the patient had a reaction and the date of the vaccine and reaction.

Moderna: Date of Vaccine and Reaction:

Pfizer: Date of Vaccine and Reaction:

Janssen/Johnson&Johnson: Date of Vaccine and Reaction:

3

Option 2 – Physical Condition/Medical Circumstance

The physical condition of the patient or medical circumstances relating to the individual are such that immunization is not considered safe.

Please state, with sufficient detail for independent medical review, the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization with the COVID-19 vaccine.

Explanation

Option 3 – Other

Other. Please provide this information in a separate narrative that describes, in detail, the medical condition or disability, in detail, that you determine exempts this individual from vaccination.

Explanation

4

Certification

I certify that _____ (*patient name*) has the above contraindication and support the request for a medical exemption from the COVID-19 vaccine requirement at Northern Vermont University. I certify that I treat the patient for the medical condition which is the basis for the exemption.

Medical Provider Name

Date

Provider Information

Medical Provider: _____

Specialty: _____

Provider License Number: _____

Name of Provider Company: _____

Address: _____

Email: _____

Phone Number: _____

5

Because I am not vaccinated, in order to protect my own health and the health of the community, I will comply with all applicable COVID-19 testing requirements and other preventive guidance issued by NVU.

I understand that in the event of exposure to an outbreak or threatened outbreak, I may be temporarily excluded or reassigned from NVU's facilities and activities (including but not limited to classes, common areas, and cafeterias).

I further understand that restrictions from NVU does not entitle me to any reduction in, or refund of, tuition or other fees.

Should I contract COVID-19, I will immediately report it to my NVU advisor and comply with all isolation and quarantine procedures from the Vermont Department of Health.

By signing this form, I understand and assume the risks of non-vaccination. I accept full responsibility for my health, and the risk of serious illness and even death due to lack of vaccination.

My signature on this form certifies that I have read the [CDC COVID-19 Vaccine Information](#).

By signing this form, I understand that restrictions from Institution, I understand and agree to comply with and abide by NVU's COVID-19 policies and procedures.

My signature on this form certifies that the information I have provided in connection with this request is accurate and complete. I understand this exemption may be revoked, and I may be subject to disciplinary or legal action if any of the information I have provided in support of this exemption is false.

Signature: _____

Printed Name: _____