

Covid-19 VaccinationStudent Medical Exemption Request

Date	College ID			
Name				
LAST	FIRST	MIDDLE		
Address				
City		Zip		
Email Address		Phone		
Date of Birth				

To mitigate the COVID-19 public health crisis, VSCS requires that all students taking in-person classes receive COVID-19 vaccination. Medical exemptions expire when the medical condition(s) contraindicating COVID-19 vaccination changes in a manner which permits vaccination.

This request will be carefully reviewed, and approval is not guaranteed. You may be asked for additional documentation or to participate in a brief interview to determine your eligibility. Incomplete or unsigned submissions will not be reviewed. After your request has been reviewed and processed, you will be notified in writing if an exemption has been granted or denied. The decision is final and not subject to appeal.

The Dean of Student Affairs Office will carefully review all requests, though approval is not guaranteed. After your request has been reviewed and processed, you will be notified, in writing, if an exemption has been granted or denied. The decisions of the College are final and not subject to appeal. Individuals are permitted to reapply if new documentation and information should become available.

Individuals with an approved exemption will be required to comply with COVID-19 preventative health and safety measures that may include masking and regular testing.

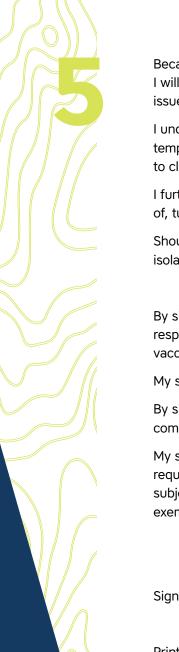
Guidance for medical exemptions for COVID-19 vaccination can be <u>viewed here</u>. Please note, the following are NOT considered contraindications to COVID-19 vaccination:

- 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

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			
\square 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:			
$\hfill\Box$ 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:			

Option 2 - Physical Condition/Medical Circumstance				
$\hfill\Box$ 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				
\Box 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				





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:	 	 		
Drintad Nama:				