



UNIVERSITY COVID-19 VACCINE MEDICAL EXEMPTION REQUEST

Name: _____ G# _____ Major: _____

If you are a non-health/health related major (i.e. business, finance, engineering, etc.) please indicate whether you are planning an experiential learning placement i.e. internship, observation, fieldwork etc., at a health care organization, health system or health care provider office during the current academic year (Aug. 2022 – Aug. 2023): Yes No

- If Yes: STOP - You must complete the Health Compliance exemption process outlined on the Health Compliance Vaccine Exemption site.
- If No: continue to have this form completed and submit to Med+Proctor.

Please have the health care provider (MD, DO, NP, PA) who has treated you for the condition that you are requesting the exemption for, complete and sign this form.

Only the CDC identified clinical contraindications to vaccination will be considered for exemptions. Pregnancy, lactation or claims of natural immunity will not be accepted as a reason for exemptions.

CDC IDENTIFIED VACCINE CONTRAINDICATIONS*

- Documented history of severe allergic reaction (anaphylaxis) after a previous dose or to a component of, the COVID-19 vaccine.
- Documented history of a known diagnosed allergy to a component of the COVID-19 vaccine
- Documented history of non-severe, immediate (onset less than 4 hours) allergic reaction after a dose of one type of COVID-19 vaccine have a precaution to the same type of COVID-19 vaccine.
- Documented history of thrombosis with thrombocytopenia syndrome (TTS) following receipt of a previous Janssen/Johnson & Johnson vaccine
- Documented history of heparin-induced thrombocytopenia
- Documented history of myocarditis or pericarditis after a dose of an mRNA or Novavax COVID-19 vaccine
- Documented history of MIS-C (Clinical Rationale below must include date of diagnosis, current cardiac status, and estimated date eligible to receive vaccine)

*<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#children>

The following COVID-19 vaccines are clinically contraindicated (Check those that apply):

Janssen/Johnson & Johnson mRNA vaccines - Pfizer/BioNTech or Moderna Novavax

Clinical Rational for Exemption Request (document below and/or include attachment)

Please provide detailed clinical documentation regarding the contraindication. General statements i.e. previous adverse reaction to vaccines, without description of the vaccine, type of reaction, treatment required etc. will be denied.

Submissions without this form AND clinical documentation will not be reviewed

I attest that I have a health care provider/patient relationship with the individual above. It is my judgement that the potential risks of COVID vaccination and/or booster for this individual outweigh the documented benefits and I recommend this individual be exempt from the vaccine and/or booster requirement.

Signature: _____ Date: _____

Printed Name: _____

Practice Name: _____ Phone number: _____

Address: _____
Street City State Zip

BOTH PAGES OF THIS FORM MUST BE SUBMITTED TO MED+PROCTOR AT THE SAME TIME