

REQUEST FOR COVID-19 VACCINE EXEMPTION



Please contact your Academic Advisor, Program Director, Academic Dean, or Dean of Students before completing the exemption form to discuss academic progression.

PLEASE PRINT CLEARLY:

Name: _____ Student ID Number: _____

DOB: _____ Program: _____

ACKNOWLEDGEMENT

You do have a choice to not be vaccinated. Unfortunately, clinic sites do not have to accept students who are not vaccinated even with exemptions.

I understand that if I am not vaccinated, I will be required to wear a mask or use other protective devices while on campus, in patient care areas, or healthcare facilities. I may be required to pay for these protective devices.

I understand that I am required to remove myself from classrooms and clinical rotations at the first sign of infection/disease. I understand that I may not return until cleared by Campus Health. I understand that in case of a communicable disease breakout, I may be temporarily excluded from classes, clinical rotation, student housing, and campus at the discretion of Campus Health. I understand that I may be excluded from participation in clinical activities based on my vaccination status, and thus unable to progress in my program, due to clinical site-specific vaccination policies. NMC is required to follow those policies and cannot prepare simultaneous or virtual alternate clinical plans for students that are unable to attend clinical/fieldwork due to vaccination status.

I understand that I am responsible for informing my clinical instructors of my vaccination status so that they may assist me in determining agency requirements and patient assignments. I understand that failure to comply with these requirements may result in disciplinary action up to and including dismissal from the program.

I understand that I may change my mind at any time and accept the COVID-19 vaccination, if the vaccine is still available.

I understand that I may be putting not only myself, but also my patients for whom I care, at risk.

ACADEMIC PROGRESSION

Please review the above information with your Academic Advisor, Program Director, Academic Dean, or Dean of Students. This Exemption Form must include a signature from one of these listed individuals to be considered complete.

I affirm that I have read the above information, met with my Advisor/Dean/Program Director regarding my academic progression and agree to abide by the requirements of this exemption.

Advisor/Program Director/Academic Dean/Dean of Student Signature

Date

Student Signature

Date

Name: _____ DOB: _____

MEDICAL EXEMPTION: Please provide form to your provider for completion:

Your patient (listed above) is requesting a medical exemption from receiving the COVID-19 vaccine. Medical exemptions may be granted for recognized contraindications. Guidance for medical contraindications for COVID-19 vaccination can be obtained from the Advisory Committee on Immunization Practices (ACIP) available at: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>.

- Temporary: Active COVID-19 Infection. Date of Positive Test: _____
- Temporary: Recently received a COVID-19 monoclonal antibody therapy (mAb). Date of Therapy: _____
- Severe allergy to the vaccine or vaccine component. Please describe in detail the previous allergic reaction and the contraindication to alternatives (if the patient is allergic to a component of a COVID-19 vaccine):

- Other medical circumstance preventing vaccination with any available COVID-19 vaccine. Describe in detail:

Printed Physician Name and Address

Physician Signature Date

RELIGIOUS EXEMPTION:

Depending upon clinical site-specific requirements, students with a religious exemption may be required to submit additional documentation at a later date.

- I am requesting an exemption due to a deeply held religious belief, as detailed below.

Student Signature Date