

## MEDICAL EXEMPTION - Vaccination Requirement

### STUDENT VACCINATION MEDICAL EXEMPTION FORM

**DUE JANUARY 25, 2022 FOR SPRING 2022 NEW STUDENTS**

Students may request to be exempt from one or more of the University vaccination requirements(s) for medical reasons.

**Instructions:** To request a medical exemption, please fill out and sign the form. Your licensed medical provider is to complete the Medical Documentation of Licensed Medical Provider section. Once completed, please do one of the following:

- **Upload** the completed form to your [electronic medical record](#) AND email the Health Center ([studenthealthcenter@jcu.edu](mailto:studenthealthcenter@jcu.edu)) to indicate this has been completed, OR
- **Drop Off** the completed form at the JCU Student Health and Wellness Center (located in the lower level of Murphy Hall), OR
- **Email** the completed form to [studenthealthcenter@jcu.edu](mailto:studenthealthcenter@jcu.edu), OR
- **Mail** the completed form to JCU Student Health Center, 1 John Carroll Blvd, University Heights, OH 44118.

The exemption request will be reviewed on a case-by-case basis by the Student Health and Wellness Center.

The University reserves the right to request additional supporting documentation regarding the request, or to not review request forms that are incomplete.

Last Name _____		First Name _____	
Birth Date _____		Student ID _____	
		Semester Start 20 _____ (circle one) Fall Spring Summer	

The above-named student requests an exemption for the following vaccine(s) (check all that apply)

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Meningococcal conjugate             |
| <input type="checkbox"/> Measles     | <input type="checkbox"/> Tetanus/Diphtheria/Pertussis (Tdap) |
| <input type="checkbox"/> Mumps       | <input type="checkbox"/> Varicella                           |
| <input type="checkbox"/> Rubella     | <input type="checkbox"/> COVID-19                            |

A medical exemption is allowed for certain medical conditions and contraindications to receiving the COVID-19 vaccine or another required vaccine, as identified by the student and as documented by a licensed medical provider.

1. Identify the mental or physical impairment or other medical condition that interferes with or may interfere with your ability to receive a COVID-19 vaccination or other vaccine.

2. If JCU provides you with a medical exemption from the COVID-19 Vaccination requirement, JCU may consider and require additional health and safety procedures, including mask obligations, physical distancing, and testing

requirements. I acknowledge that if my request for an exemption is granted, I will need to comply with such additional safety procedures as instructed by JCU.

3. I verify that the information that I am submitting to substantiate my request for a medical exemption from JCU's Vaccination Requirement is true and accurate to the best of my knowledge.

The above-named student understands that by submitting the John Carroll University Medical Exemption Form for one or more vaccines required by the Vaccination Requirement and if the exemption is granted, the student assumes the risk of not receiving one or more vaccinations, including but not limited to illness, health effects, or other consequences related to the imposition of health and safety protocols.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (if student under 18 years of age) \_\_\_\_\_ Date \_\_\_\_\_

**Medical Documentation of Licensed Medical Provider:**

**TO BE COMPLETED BY MEDICAL PROVIDER:**

Provider Name: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Provider Phone & Email Address: \_\_\_\_\_

Patient Name: \_\_\_\_\_

I am a licensed medical provider who is familiar with the medical status of the above-named individual. In my medical opinion, the above-named individual should not be immunized with the \_\_\_\_\_ vaccination(s) for the following reasons:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Specific Issues Related to COVID-19 Vaccination:**

For a medical exemption related to the COVID-19 vaccination, please check any reasons the above-named individual should not be immunized:

- History of previous allergic reaction or hypersensitivity reaction to the COVID vaccine or a component of the vaccine.
- Prior diagnosis of and/or positive test for COVID-19 within the last 90 days. Please provide documentation of diagnosis and/or positive test, including date of test and/or diagnosis.
- Other – Please provide documentation/information that describes the medical condition or medical reasons that prevent the above-named individual from receiving vaccination for COVID.

**Period For Which Vaccination Medical Exemption Is Required**

The request for a medical exemption from the above-listed vaccination requirement is:

- Temporary, expiring on: \_\_\_/\_\_\_/\_\_\_\_\_, or when \_\_\_\_\_.
- Permanent.

I certify that the above-named individual has the listed medical conditions and/or contraindications and confirm the accuracy of the information submitted. I support the need for a medical exemption from the vaccinations listed above.

Licensed Medical Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Licensed Medical Provider Medical License No.: \_\_\_\_\_

Stamp of Licensed Medical Provider: