Salve Regina University Health Services
COVID-19 Vaccine Exemption Request Form

Section I: to be completed by student or guardian (if student is under 18)
Medical Exemption: See the CDC guidance regarding contraindications for COVID-19 vaccines.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Salve Email</th>
<th>Date of Birth</th>
<th>Student ID #</th>
</tr>
</thead>
<tbody>
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</table>

Section II: Medical Exemption Request (to be completed by medical provider)
Medical Provider Certification of Contraindication: I certify that my patient (named above) should not be vaccinated against COVID-19 because they have one of the following contraindications:

- Documented anaphylactic allergic reaction or other severe adverse reaction to any COVID-19 vaccine – e.g., cardiovascular changes, respiratory distress, or history of treatment with epinephrine or other emergency medical attention to control symptoms. Generally, does not include gastro-intestinal symptoms as the sole presentation of allergy. Describe the specific reaction:
  - ______________________________________________________________________________________
  - ______________________________________________________________________________________
  - ______________________________________________________________________________________

- Documented allergy to a component of the vaccine – does not include sore arm, local reaction or subsequent respiratory tract infection. Describe the specific reaction:
  - ______________________________________________________________________________________
  - ______________________________________________________________________________________
  - ______________________________________________________________________________________

- Please document if patient is able to receive other COVID vaccines without allergy components of concern:
  - ______________________________________________________________________________________
  - ______________________________________________________________________________________
  - ______________________________________________________________________________________

- Other documented contraindication (i.e. medical condition, etc.). Please explain:
  - ______________________________________________________________________________________
  - ______________________________________________________________________________________
  - ______________________________________________________________________________________

Medical Provider Information

Signature of Healthcare Provider: ____________________________
Name (print): ____________________________
Clinic Stamp: ____________________________
Address: ____________________________
Phone: ____________________________

Revised May 2021
Section III: Religious Beliefs Exemption Request (to be completed by student or guardian if under 18)

Requests for exemption based on religious beliefs: if the bona fide religious beliefs of a student (or the parent, guardian if under age 18) are contrary to the immunization requirement for a COVID-19 vaccine, the student will be exempt of the requirement upon submission of a written statement below of the bona fide religious beliefs and opposition to the immunization requirement.

Student statement:

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Section IV: Understanding risks of not receiving the vaccine (to be completed by student or guardian if under 18)

<table>
<thead>
<tr>
<th>Initials</th>
<th>I understand the benefits and the risks of the vaccine.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initials</td>
<td>I understand the risk of contracting the disease that the vaccine prevents.</td>
</tr>
<tr>
<td>Initials</td>
<td>I understand the risk of transmitting the disease to others.</td>
</tr>
<tr>
<td>Initials</td>
<td>I understand that, if an outbreak of vaccine-preventable disease should occur, an exempt student will be excluded from school by the school administrative head for a period as determined by the Health Department based on a case-by-case analysis of public health risk.</td>
</tr>
</tbody>
</table>

Signature: ___________________________________________ Date: _____________________________

Student or guardian if under 18

Once completed, students should upload the signed form to the COVID-19 Vaccine Form on the Student Health Portal.

Questions: please contact Health Services at healthservices@salve.edu or 401-341-2904.

Revised May 2021