MOUNT ST. MARY'S UNIVERSITY MEDICAL
REQUEST FOR MEDICAL EXEMPTION FROM COVID-19 VACCINATION

Student Name: **Date of Birth:**

Dear Physician,

Mount St. Mary's University requires every residential student attending in-person courses in Fall, 2021 to be vaccinated against COVID-19. The above-named student is requesting an exemption from this vaccination requirement. A medical exemption from the COVID-19 vaccination is allowed for those students who have a history of previous allergic reactions and documented allergy testing to indicate an immediate hyper-sensitivity reaction to the influenza vaccine or a component of the COVID-19 vaccine.

Please complete the form below. Thank you.

The above person should not be immunized for COVID-19 for the following reasons:

___ History of previous allergic reaction and documented allergy testing to indicate an immediate hypersensitivity reaction to a vaccine or a component of the COVID-19 vaccine. **Please attach supporting DOCUMENTATION or MEDICAL REASONS.**

___ Other – Please provide this information in a separate narrative that describes the exemption in detail (these requests will be reviewed on a case-by-case basis).

The condition noted above is: (check the appropriate response)

___ a temporary medical condition

___ a permanent medical condition

I certify that _____ has the above contraindication, and I support the Student's request for a medical exemption from the COVID-19 vaccination.

Physician Name (print): _____

Physician Medical License No._____

Physician Signature: _____

Name of Practice, Address and Phone: _____

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DESIGNATED OFFICE USE ONLY

Medical Exemption Approved on Approving Signature: