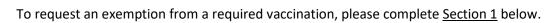
Vaccination Exemption Form



For students requesting exemption for a **personal/religious/philosophical reason**, also complete <u>Section 2</u>.

For students requesting an exemption for a **medical reason**, please complete and have your medical provider complete <u>Section 3</u>.

Please return this form for approval to credentialing@neomed.edu

Section 1

Please complete this section

Name		
Email		
Primary Program in which you are enrolled:		
☐ Medicine☐ Pharmacy☐ Graduate Studies		
Vaccination requirement from which you are requesting an exemption:		
Reason for Exemption:		
 □ Personal/Religious/Philosophical (Complete Section 2) □ Medical (Complete Section 3 with your Treating Provider) 		
Student signature	Date	
For Office Use Only		
NEOMED Representative	Date//	
□ Denied□ Approved		

Section 2

Complete for Personal/Religious/Philosophical Exemption Only

Student Name:		
Explain the reason for your exemption request:		
Student – please read and check all that apply		
☐ Due to my personal/religious/philosophical beliefs, immunization as a condition set by NEOMED. If, in the provide proof of vaccination (i.e., documents that provi	future, I am vaccinated with the stated vaccine, I will	
☐ I understand that by participating in any activities o spreading it to others. I decline the vaccine, I continue to be at risk of acquiring a serious di	vaccine. I understand that by declining this	
☐ I understand and agree that I will not come to camp or contagious with and will I formal absence forms and process.	ous or rotations if I am unwell and may be infected notify the university of my absence utilizing their	
☐ I understand that the University may remove me from activities if I become carriers of, or contract, an illness usufficiently mitigated and documentation of my clearance.	ntil such time that the risk has been eliminated or	
☐ I understand that this exemption is for NEOMED of set forth by our partner rotation and experiential sites a requirements of my program. NEOMED will make reason guarantee equivalencies of experience and/or academic	nable effort to identify alternatives but cannot	
☐ I further understand that NEOMED is not required t so would pose a direct threat to myself or others or work.		
Student signature		

Section 3

Complete for Medical Exemption only

Student Name:		
Explain the Medical Reasons for your exemption request:		
Student – please check all that apply		
☐ Due to medical reasons, I request exemption from the required immunization as a condition set by NEOMED. If, in the future, I am vaccinated with the stated vaccine, I will provide proof of vaccination (i.e., documents that provide dates of vaccinations).		
☐ I understand that by participating in any activities or classes, I may be at risk of acquiring infection and spreading it to others. I decline thevaccine. I understand that by declining this vaccine, I continue to be at risk of acquiring a serious disease.		
☐ I understand and agree that I will not come to campus or rotations if I am unwell and may be infected or contagious with and will notify the university of my absence utilizing their formal absence forms and process.		
☐ I understand that the University may remove me from participating in in-person curricular or clinical activities if I become carriers of, or contract, an illness until such time that the risk has been eliminated or sufficiently mitigated and documentation of my clearance has been provided to NEOMED.		
I understand that this exemption is for NEOMED only and does not exempt me from the requirements set forth by our partner rotation and experiential sites and that I will not be excused from any academic requirements of my program. NEOMED will make reasonable effort to identify alternatives but cannot guarantee equivalencies of experience and/or academic progression requirements can be met.		
☐ I further understand that NEOMED is not required to provide this exemption accommodation if doing so would pose a direct threat to myself or others or would create an undue hardship for NEOMED.		
Dear Medical Provider,		
Please complete this form to assist NEOMED with validating the students' inability to receive a NEOMED-required immunization.		
The person named above should not receive thevaccine due to the following medical reason:		

This exemption should be:	
☐ Temporary, expiring on:/, or w	hen
☐ Permanent	
I certify the above information to be true and accuration to be true and accuration to be true and accuration above-named individual.	te, and request exemption from the vaccination for
Provider Name (please print)	_
Provider Signature	Date