

# Vaccination Exemption Form



To request an exemption from a required vaccination, please complete Section 1 below.

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

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

Please return this form for approval to [credentialing@neomed.edu](mailto: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 \_\_\_\_\_

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***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:

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#### **Student – please read and check all that apply**

- Due to my personal/religious/philosophical beliefs, 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 the \_\_\_\_\_ vaccine. 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.

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Student signature

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Date

Please return this form for approval to [credentialing@neomed.edu](mailto:credentialing@neomed.edu)

## Section 3

### Complete for Medical Exemption only

Student Name: \_\_\_\_\_

Explain the Medical Reasons for your exemption request:

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#### **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 the \_\_\_\_\_ vaccine. 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.

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#### **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 the \_\_\_\_\_ vaccine due to the following medical reason:

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This exemption should be:

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

***I certify the above information to be true and accurate, and request exemption from the vaccination for the above-named individual.***

Provider Name (please print) \_\_\_\_\_

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_