



# COVID VACCINATION EXEMPTION Medical Exemption

1409 Walnut Grove Avenue, Rosemead, CA 91770 | phone 626-571-8811 | fax 626-656-2108

Students, faculty, and staff are required to submit proof of receipt of a Covid-19 vaccine to come on campus. Individuals who cannot receive the vaccine because of a medical contraindication may request an exemption.

A list of established medical contraindications to vaccination can be found on the Centers for Disease Control and Prevention (CDC) website at <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines.html>.

If exemption is granted, individuals are expected to comply with UWest’s COVID protocols whenever on campus and at university sponsored events held off campus. Once you and your health care provider have completed the information below, submit this form to the Disabilities Coordinator at [keithb@uwest.edu](mailto:keithb@uwest.edu).

Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
Last / Family Name First Name

Current Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Student’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### REASON FOR REQUEST

The individual identified above has the following medical contraindication recognized by the CDC for COVID-19 vaccination:

Health Care Provider’s Name (please print): \_\_\_\_\_ MD DO PA NP

License #: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Signature of Authorized HCP: \_\_\_\_\_ Date: \_\_\_\_\_

### INDIVIDUAL ATTESTATION (Parent/Guardian signature required if student is less than 18 years old)

By signing this Medical Exemption Request, the individual, and, if a minor, their parent or legal guardian, attests that they cannot receive a Covid-19 vaccination because of the medical contraindication described above. Student and, if a minor, their parent or legal guardian, acknowledges that an unvaccinated individual is at greater risk of becoming ill with Covid-19 and agrees that the university may require unvaccinated individuals to undergo regular Covid-19 testing, daily symptom checks, quarantine, additional Covid-19 training, or other preventative measures necessary to protect the health and well-being of the UWest community. If/when the individual no longer has a medical contraindication to Covid-19 vaccination, they agree to receive Covid-19 vaccination and submit proof of vaccination.

The undersigned understands this Medical Exemption Request and has had the opportunity to ask questions about it. The undersigned verifies the truth and accuracy of the statements in this Medical Exemption Request.

Student Signature: \_\_\_\_\_

Parent/Guardian Name (if student is under 18 years old) please print: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

### Office Use Only

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

Approved Denied

Reviewer Name: \_\_\_\_\_

Reviewer Signature: \_\_\_\_\_

Comments: \_\_\_\_\_