



**STEVENSON UNIVERSITY COVID-19 STUDENT VACCINATION REQUIREMENT
REQUEST FOR MEDICAL EXEMPTION**
(to be completed by medical provider)

Instructions: Any student who wishes to request a medical exemption from the Stevenson University 2021-22 COVID-19 vaccination requirement must complete the document below.

STUDENT NAME: _____ STUDENT ID #: _____

STUDENT EMAIL: _____ STUDENT PHONE: _____

Medical Exemption: See the [CDC guidance](#) regarding contraindications for COVID-19 vaccines.

Definition of "Medical Provider": Stevenson University recognizes medical providers as board certified physicians or other health care providers with whom the student has an ongoing professional relationship.

Please note: Stevenson University reserves the right to request additional information or documentation regarding exemption requests.

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:

Other documented contraindication. Please explain:

Signature of Medical Provider: _____ Date: _____

Name (print): _____ NPI number: _____

Address: _____ Phone: _____