

MARIA

COLLEGE

Medical COVID Vaccination Exemption Request

Name: _____ Date of Birth: _____

Address: _____ Phone Number: _____

The purpose of this form is for use to apply for a medical exemption to the COVID-19 vaccine requirement.

I, _____, have read The Center for Disease Control education materials (<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety.html>), vaccination fact sheets, and the most recent recommendations on safety and specific vaccine information. I understand the risks associated with not receiving the COVID-19 vaccine and am requesting a medical exemption from receiving said vaccine.

I understand that my COVID-19 vaccine exemption request for medical reasons may subject me to certain precautions as determined necessary by law, the New York State Department of Health, and/or Maria College. These may include, but are not limited to, continued participation in COVID-19 testing, physical distancing, exclusion from campus and/or campus related activities, and/or isolation and quarantine for a period of time to be determined by the College.

I understand that locations Maria College uses for clinical, internship, or other similar activities may require that students be vaccinated for COVID-19 and that Maria College will not be liable for any delay in graduation or for securing clinical sites or for any costs for items such as missed classes due to injury or illness caused by COVID-19.

Exemptions: *(Check any/all that apply)*

- Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine
- Known diagnosed allergy to a component of the COVID-19 vaccine
- For the Janssen COVID 19 Vaccine, TTS following receipt of a previous Janssen COVID-19 Vaccine (or other COVID-19 vaccines not currently authorized in the United States that are based on adenovirus vectors)
- Documented Myocarditis after first dose of mRNA vaccine
- Documented previous history of Multisystem Inflammatory Syndrome of adults or children

The CDC defines a severe allergic reaction as any hypersensitivity-related signs or symptoms, such as urticaria, angioedema, respiratory distress (e.g. wheezing or stridor) or anaphylaxis that occur within four hours following exposure to a vaccine or medication.

Deferral: *(Check any/all that apply)*

- Documented treatment with monoclonal/polyclonal COVID-19 antibody within the previous 90 days*
**Note: Once the plasma/antibody treatment received is longer than 90 days, vaccine must be obtained within 10 days.*
- Documented current COVID-19 infection*
**Note: Once isolation from a current COVID-19 infection is complete and recovery from acute illness (this does not include people with prolonged COVID-19 symptoms), vaccine must be obtained within 10 days.*

Please refer to <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>

I understand I will be required to participate in continued COVID-19 precautions, per Maria College policies and procedures.

Signature: _____ Date: _____

Licensed Health Care Provider (Please Complete this Section):

Name (print): _____

Address: _____

Phone Number: _____

Medical License #: _____

State: _____

Date exemption ends (if applicable): _____

Signature

Date

For Use by Maria College:

Medical Exemption Reviewed:

Accepted

Not Accepted

Date _____