

Request for COVID-19 Vaccination Medical Exemption Form



Name:	Banner ID:
Date of Birth:	Cell Phone Number:

As the treating physician, I am requesting that this patient have a medical exemption pertaining to the COVID-19 vaccine. It is my professional opinion that the patient has an underlying medical condition for which the *vaccination is contraindicated, or the risk of vaccination far outweighs the benefit.*

Reason for Medical Exemption: _____

Name of Healthcare Practitioner (Print): _____

Signature of Healthcare Practitioner: _____

Please provide office stamp below:

Given the active pandemic, individuals with an approved exemption for medical reasons may be instructed to wear masks at all times indoors, subjected to testing, remain off campus during a disease outbreak and/or be expected to quarantine. If this were to occur, the College/University will not refund tuition, fees, or other expenses for students who must leave campus or quarantine.

Student signature: _____

Parent signature: _____

(if student is under the age of 18)

Please submit this form using one of the following options:

- Email your completed form to SGager@nv.edu
- Drop your completed form off at the Dean of Students Office, Kinney Hall RM 509
- Fax this form to: 203-596-2189

For any questions/concerns, please call the Office of Student Affairs at 203-575-8012