



Salve Regina University Health Services COVID-19 Vaccine Exemption Request Form

Section I: to be completed by student or guardian (if student is under 18)

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

Last Name	First Name	Middle Initial	Salve Email	Date of Birth	Student ID #

Section II: Medical Exemption Request (to be completed by medical provider)

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:

- Please document if patient is able to receive other COVID vaccines without allergy components of concern:

- Other documented contraindication (i.e. medical condition, etc.). Please explain:

Medical Provider Information

Signature of Healthcare Provider:	
Name (print):	Clinic Stamp:
Address:	Phone:

Section III: Religious Beliefs Exemption Request (to be completed by student or guardian if under 18)

Requests for exemption based on religious beliefs: if the bona fide religious beliefs of a student (or the parent, guardian if under age 18) are contrary to the immunization requirement for a COVID-19 vaccine, the student will be exempt of the requirement upon submission of a written statement below of the bona fide religious beliefs and opposition to the immunization requirement.

Student statement:

Section IV: Understanding risks of not receiving the vaccine (to be completed by student or guardian if under 18)

<hr/> Initials	I understand the benefits and the risks of the vaccine.
<hr/> Initials	I understand the risk of contracting the disease that the vaccine prevents.
<hr/> Initials	I understand the risk of transmitting the disease to others.
<hr/> Initials	I understand that, if an outbreak of vaccine-preventable disease should occur, an exempt student will be excluded from school by the school administrative head for a period as determined by the Health Department based on a case-by-case analysis of public health risk.

Signature: _____

Date: _____

Student or guardian if under 18

Once completed, students should upload the signed form to the COVID-19 Vaccine Form on the Student Health Portal.

Questions: please contact Health Services at healthservices@salve.edu or 401-341-2904.