



Regis University Covid-19 Vaccine Exemption Request

Student/Employee name:

Student/Employee Colleague ID Number:

(Employee only): Optional alternative to employee ID number (Last 4 of SSN):

Local address:

MEDICAL EXEMPTION:

If requesting Medical exemption, please have your medical provider complete and sign below:

Covid-19 Vaccine is contraindicated due to:

Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the Covid-19 vaccine.

Immediate allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine.

Other Severe Reaction or medical condition: Please specify reaction/condition

Provider Name:

Provider Signature: _____ Date: _____

Provider Address:

Provider Phone Number:

Student/Employee Signature: _____

Date _____

RELIGIOUS EXEMPTION:

If requesting Religious exemption, please complete the following:

I acknowledge that I am aware of the following facts:

- Covid-19 is a serious disease that has caused multiple deaths.

The Covid-19 vaccine is being required of all Regis University students and employees with an on-campus presence at any of the Regis University Affiliated Campuses.

- The consequences of my refusing to be vaccinated could have serious and potentially life-threatening consequences to my health and the health of those with whom I have contact, including University students, employees, and the community.
- I can review evidence-based vaccine information at:
 - www.colorado.gov/cdphe/immunization-education
 - www.spreadthevaxfacts.com/
 - www.ImmunizeForGood.com

for additional information on the benefits and risks of vaccines and the diseases they prevent.

Despite the above facts, I am declining the covid-19 vaccination due to religious reasons. I understand that in the case of a disease outbreak emergency, I may not be allowed to engage in in-person events and activities to ensure my safety and will not be reimbursed for any costs associated with my inability to engage.

Student/Employee Signature: _____

Date _____

You will be notified if further information is needed. Otherwise you will receive an email from Regis Student Health Services (students) or Human Resources (employees) verifying the acceptance of this waiver.