



## Regis University Covid-19 Vaccine Medical 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

I understand that in the case of a disease outbreak emergency, I may not be allowed to engage in in-person events and/or optional activities to ensure my safety. This will not impact my base pay or benefits, however I understand I will not be reimbursed for any costs associated with my inability to engage as determined in consultation with the student/employee, department head and human resources.

Student/Employee Signature:

Print Name:

Date