



**Health Career Program Student
Request for Medical Exemption**

Harper College is requiring all health career students who engage in direct patient care to provide proof of COVID-19 vaccination. For students requesting an exemption from the vaccine requirement based on a medical condition, all questions on this form must be completed.

As a Harper College health career program student, I am requesting medical exemption from receiving the COVID-19 vaccine due to a medical condition or disability that prevents me from receiving the vaccination. Medical exemption from COVID-19 vaccination may be granted if the student provides a written certification by a licensed healthcare provider for one of the following:

- 1. The applicable CDC contraindication for the required vaccine, or
- 2. The applicable contraindication identified in the manufacturer’s package insert for the required vaccine, or
- 3. A statement that the medical condition of the student or their documented medical history/record is such that their taking the required vaccine is not considered safe, indicating the specific nature and probable duration of the medical condition or circumstances based upon their medical history/record that contraindicate immunization with the required vaccine.

I acknowledge and agree that information regarding my medical record may be shared with appropriate College personnel as it pertains to the application for exemption, and I will provide the requested documentation for review and consideration.

Please note: History of prior allergies to other vaccines/medications/food do not qualify for a vaccine exemption

Section I – To be completed by the student

I, _____ am requesting a medical exemption from receiving the COVID vaccination due to:

- History of previous anaphylactic reaction to a COVID-19 vaccine or any component of the vaccine.
- CDC Contraindication (please specify) _____
- Medical condition or medical circumstances (please specify) _____
- Other (please specify) _____

Student Signature

Date

Section II – Completion by a licensed healthcare provider required

I certify that my patient, listed above, should not receive the COVID-19 vaccine due to:

- History of previous anaphylactic reaction to a COVID-19 vaccine or any component of the vaccine.
- CDC Contraindication (please specific) _____
- Medical condition or medical circumstances (please specify) _____
- Other (please specify). _____

Provider Name (print): _____

Phone: _____

Licensed Healthcare Provider Signature: _____

Date: _____



Medical records supporting your request **MUST** be provided along with your request for exemption. These could include office, hospital, or emergency department records. The records should be included with this form. Examples include the following:

- a. Medical documentation of a severe and/or life-threatening allergy (e.g. anaphylaxis) to a previous dose or to a component of the COVID-19 vaccine.
- b. Medical documentation of an immediate allergic reaction (occurring within 4 hours of administration) of any severity to a previous dose, or known (diagnosed) allergy to a component of the vaccine (e.g. hives).



Health Career Program Student Request for Religious Exemption

Harper College is requiring all health career students who engage in direct patient care to provide proof of COVID-19 vaccination. For students requesting an exemption from the vaccine requirement based on a religious belief, all questions on this form must be completed.

As a Harper College health career program student, I am requesting religious exemption from receiving the COVID-19 vaccine due to religious beliefs and/or practices which prevent me from receiving the vaccination.

Section I – student completion required

I, _____ am requesting a religious exemption from receiving the COVID-19 vaccination. **I understand that there MUST be a clear connection provided/explained between my sincerely held religious beliefs and practices and the justification for vaccine exemption.** I will include information that supports my religious belief as sincerely held and practiced in my life (e.g., consistent practice over time, applies to practices and behaviors other than vaccination, influences health care decisions). I acknowledge that additional documentation may be requested to support my statement. Explain below why you are requesting an exemption:

If requested, can you provide documentation to support your belief(s) and need for an exemption? Yes

No, please explain: _____

I confirm that the information I am submitting in support of my request for an exemption is complete and accurate to the best of my knowledge.

Student Signature

Date

Section II – ministerial representative completion required

I certify that the above individual should not receive the COVID-19 vaccine due to sincerely and deeply held religious beliefs and practices.

Ministerial Representative Name (print): _____ Phone: _____

Ministerial Representative Signature: _____ Date: _____

Religious affiliation: _____