ATTACHMENT A

COVID-19 VACCINE EXEMPTION

This form and accompanying documentation MUST be completed by June 30 to avoid disciplinary action.

It is MSM's policy that all individuals either obtain the COVID-19 Vaccination or request an exemption from COVID-19 Vaccination by June 30. Notwithstanding, persons with fever should not receive this vaccine. Further, persons who have received another type of vaccine within the past fourteen days should see their personal physicians before receiving this vaccine.

- I acknowledge that I have read and been provided the COVID-19 Vaccine Information and I understand the benefits and risks of the COVID-19 Vaccine. _____ **(Initial)**
- I have been given the opportunity to be vaccinated, at no charge to myself. However, I decline the COVID-19 Vaccination at this time. _____ **(Initial)**
- I acknowledge that if I become infected with COVID-19, I can spread COVID-19 to others even when I do not have symptoms. _____ **(Initial)**

MY REASONS FOR REQUESTING EXEMPTION FROM THE COVID-19 VACCINE MANDATE (Check One):

○ **Medical Exemption: A licensed healthcare provider's documentation and signature is required to validate a medical contraindication against COVID-19 Vaccination. (Attachment B – Healthcare Provider Exemption request form)**

○ **Religious Exemption: A religious organization's documentation and signature before a notary of public stating you hold sincere beliefs in an identified religion that does not allow you to receive a COVID-19 Vaccination, is required. (Attachment C – Religious Exemption form)**

○ **Sincerely Held Belief: Your documentation and signature stating your sincerely held belief that does not allow you to receive the COVID-19 Vaccination. (Attachment D – Sincerely Held Belief Exemption form)**

I understand that I will be required to wear a face mask, and/or that my job duties and responsibilities might otherwise be altered due to MSM Community safety needs and the fact that I have not received a COVID-19 vaccine.

I understand that if my request is approved, it is approved for this year only.

Select: Student / Employee **Print Name:** _____ **Date:** _____

Signature: _____ **Education:** _____ **Program/Department:** _____

_____ _____

Medical Director/Dean Signature **Compliance Office Representative**

Date: _____ **Date:** _____

ATTACHMENT B

Request for Medical Exemption from COVID-19 Vaccination

This form MUST be completed by Student/Employee's Licensed Healthcare Provider
The Licensed Health Care Provider must not provide any of patient's genetic information when completing this form.

Select: Student / Employee Print Name: _____

Date: _____

APPROVED CONTRAINDICATIONS TO THE COVID-19 VACCINE:

Any person declining the vaccine must have one of the valid contraindications, as listed below.

- ○ History of previous severe allergic reaction to the COVID-19 vaccine or component of the vaccine (defined as developing hives, swelling of the lips or tongue, or difficulty breathing, does not include sore arm, local reaction, or subsequent upper respiratory tract infection).
- ○ Other_____

_____

_____

I certify that my patient has the above contraindications and affirm my patient's request medical exemption from the COVID-19 vaccine. I understand that I could be contacted for additional clarification.

Primary Healthcare Provider Name (Please Print): _____

Primary Healthcare Provider Signature: _____ Date: _____

Specialty: _____

Primary Healthcare Provider Contact Phone Number:_____

Primary Healthcare Provider Contact Address: _____

Attach this form to your COVID-19 VACCINE EXEMPTION (Attachment A) form to be considered for a medical exemption. Submit your documentation to the MSM People Admin site or to SHWC at SEHWCrequests@msm.edu.