# Salem College and Academy Student Health Services
## COVID-19 Vaccine Exemption Request Form

### Section I: To be Completed by Student (or Guardian if Student is Under 18)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>@Salem.edu Email</th>
<th>Date of Birth</th>
<th>Salem ID #</th>
</tr>
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</table>

Signature: ____________________________________________ Date: __/__/____

*Student (or Guardian if Student is Under 18)*

All exemption requests are subject to review and approval by Salem Academy and College and may require additional specialty evaluation as part of that process.

### Section II: Medical Exemption Request - To be Completed by a Medical Provider

*For medical exemptions, please refer to the [CDC COVID-19 Vaccine Contraindications Guidelines](https://www.cdc.gov/vaccines/vac-reqs/contraindication-guidelines.html).*

**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 or qualifying disabilities:

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

  Describe the specific reaction:

  ____________________________________________
  ____________________________________________
  ____________________________________________

- **Immediate allergic reaction** of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine. *(For the purposes of this section, an immediate allergic reaction to a vaccine or medication is defined as any hypersensitivity-related signs or symptoms such as urticaria, angioedema, respiratory distress (e.g., wheezing, stridor), or anaphylaxis that occurs within four hours following administration.)*

  Describe the specific reaction:

  ____________________________________________
  ____________________________________________
  ____________________________________________

Once completed, students should submit this form along with the required documentation to the Magnus Health Portal, by **8/1/2021**. For questions, contact covid19@salem.edu.
☐ Other documented contraindications or qualifying disabilities not covered in the above statements.

Describe the specific reaction OR provide a detailed description along with the documentation needed to support the exemption request (e.g., clinic notes, labs, etc.)

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Signature of medical provider: ___________________________ Date: / / 

Name (print): ___________________________ Phone: ___________________________

Clinic address/Stamp:

Section III: Religious Beliefs Exemption Request - To be Completed by Student (or Guardian if Student is Under 18)

If the bona fide religious beliefs of an adult student (or the parent/guardian or person in loco parentis of a minor student under 18) are contrary to the COVID-19 immunization requirement, the student may seek an exemption to the requirement through the submission of a written statement of their bona fide religious beliefs and opposition to the immunization requirement.

Student Statement:

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Signature_________________________________________ Date: / / /

*Student (or Guardian if Student is Under 18)

Once completed, students should submit this form along with the required documentation to the Magnus Health Portal, by 8/1/2021. For questions, contact covid19@salem.edu.