

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)

Last Name	First Name	Middle Initial	@Salem.edu Email	Date of Birth	Salem ID #
				/ /	

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](#).

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)*

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