Salem College Student Health Services  
COVID-19 Vaccine & Booster 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>
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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/covid-19/vaccination-contraindications-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. 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:  

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