



REQUEST FOR MEDICAL OR RELIGIOUS EXEMPTION TO COVID-19 IMMUNIZATION

As a student at the University of Rochester, I understand that I must be vaccinated against COVID-19 to be on campus for the 2021-22 academic year and that the vaccine requirement is intended to safely protect the entire University community from the spread of COVID-19. I also understand that I may qualify for an exemption to the vaccine requirement only for certain medical or religious reasons.

This form is for student use in applying for a medical or religious exemption to the University of Rochester's COVID-19 vaccination requirement.

- **MEDICAL EXEMPTION**

Please provide a written statement on the lines below that explains the medical basis for your request. A physician's or nurse practitioner's note must additionally be provided to University Health Service (UHS) that describes the medical condition. Please be aware that the only current FDA-listed contraindications to the COVID vaccines are an allergy to the COVID vaccine itself or a proven allergy to a component of the COVID vaccine.

- **RELIGIOUS EXEMPTION**

I understand that to qualify for a religious exemption, I (or my parent, if I am under 18) must submit a written and signed statement stating that I (or my parent) objects to the administering of immunization due to sincere and genuine religious beliefs. Please write below, or attach, a statement that explains in your own words why you are requesting this religious exemption. The statement should specifically describe the religious principles that guide your objection to vaccination and **must include the underlined words above**. Please indicate whether you are opposed to all vaccinations and if not, the religious basis that prohibits particular vaccination, such as the COVID-19 vaccine.

Medical or religious exemption statement:

Please continue your statement on page 2

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I hereby affirm the truthfulness of the above or attached statement. If the University grants a medical or religious exemption, I agree (or my student agrees, if under 18) to abide by the on-campus protocols and safety measures required of unvaccinated students on campus, for the protection of my own health as well as others in the University of Rochester community. These measures may include wearing a face covering, maintaining social distancing, and other requirements imposed by state, local or federal laws and guidance or by the University. I also acknowledge that for my own safety and the safety of the campus community, I may be removed from campus if the COVID-19 infection rate reaches a critical threshold as determined by the University Health Service or public health authorities.

Student Signature (Parent if under 18): _____

Date: _____

Student Name: _____

Date of Birth: _____

Home Address: _____

Campus Address: _____

University email: _____

Upon review, you will be notified in writing of the outcome of this request.

Reviewer's Name: _____

Title: _____

Request Approved: ___ **Denied:** ___

Date: _____