



# COVID-19 VACCINATION MEDICAL EXEMPTION REQUEST FORM

If you have an allergy to the COVID-19 vaccine or a specific medical condition that precludes the COVID-19 vaccination requirement and you seek a medical exemption from Morgan State University's COVID-19 vaccination requirement, please consult with your physician and complete this form and upload this and supporting documentation to our secured Vaccination portal found on our [www.morgan.edu/coronavirus](http://www.morgan.edu/coronavirus) site.

Confidentiality of Information Provided - Requests for exemptions and any documents provided will be kept confidential.

## REQUESTOR

NAME

DATE OF BIRTH

PHONE#

EMAIL

## FOR FACULTY AND STAFF ONLY:

DEPARTMENT

TITLE

IMMEDIATE SUPERVISOR

SUPERVISOR'S PHONE#

## PHYSICIAN INFORMATION

PHYSICIAN NAME

PHYSICIAN PHONE#

PHYSICIAN ADDRESS

Dear Physician,

Morgan State University requires COVID-19 vaccinations for all students, faculty and staff. A medical exemption from COVID-19 vaccination is allowed for certain recognized contraindications (<https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>). Please complete the form below. Thank you.

The individual listed above should **not be** immunized for COVID-19 for the following reasons (Check all that apply)

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

Immediate allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine (Vaccine ingredients: <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#Appendix-C>

a. Which ingredient caused an allergic reaction? \_\_\_\_\_

b. What was the reaction? \_\_\_\_\_

- c. Which brand of the COVID-19 vaccine is contraindicated and why? \_\_\_\_\_
- d. How long will the medical contraindication last? \_\_\_\_\_

Other Medical Reason – Please provide a detailed separate narrative that describes any other medical reason(s) justifying an exemption.

**PHYSICIAN'S AUTHORIZATION**

I certify that [individual's name] \_\_\_\_\_ has the medical condition checked and request a medical exemption from COVID-19 vaccination.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(NOTE: Signature Stamp is not accepted)*

Physician's Medical License # \_\_\_\_\_ NPI No: \_\_\_\_\_

**FOR THE REQUESTOR (Students/Faculty/Staff)**

**Verification and Accuracy:**

I verify that the above information I have provided is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action which may include termination/dismissal (faculty/staff) and suspension/expulsion (students). I also understand that my request for an exemption may not be granted if it is unreasonable or creates an undue hardship for the University.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

MSU ID: \_\_\_\_\_

**Signature of Parent or Guardian (if under 18 years old)** \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_