COVID-19 Exemptions

Medical Waiver

REQUEST FOR MEDICAL EXEMPTION FROM COVID-19 VACCINATION

Shawnee Community College is committed to building a safe, friendly, welcoming, and inclusive campus environment.

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 the Shawnee Community College vaccination requirement, please consult with your physician and provide the following information.

Please print the following information:

Name: _____ **Date of Birth:** _____

Email: _____ **Phone No.:** _____

Physician Name: _____ **Physician Phone No.:** _____

Physician Address: _____

Dear Physician:

Shawnee Community College requires COVID-19 vaccinations for all students and employees. A medical exemption from COVID-19 vaccination is allowed for certain recognized contraindications noted here https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html. Please complete the form below. Thank you.

The above person should not be immunized for COVID-19 for the following reasons (Please check all that apply):

☐ Severe allergic reaction (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)

Which ingredient caused an allergic reaction?

What was the reaction?

Which brand of the COVID-19 vaccine is contraindicated and why?

How long will the medical contraindication last?

☐ Other Medical Reason – Please provide this information in a separate narrative that describes the other medical reason justifying an exemption in detail.

_____

_____

_____

_____

_____

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FOR THE PHYSICIAN

I certify that _____ has the above contraindication or specific medical condition and request a medical exemption from COVID-19 vaccination.

Physician Signature: _____ **Date:** _____
(Note: Signature Stamp Not Acceptable)

Physician Medical License No.: _____ **NPI No.:** _____

FOR THE REQUESTER (Student/Faculty/Staff)

I affirm that the above information I have provided is complete and accurate. I understand that, if granted an exemption, I must comply with all mitigation measures required of me by the College. Such measures include but are not limited to: participating in periodic COVID-testing at a frequency determined by the College, wearing face covering in settings determined by the College (i.e. classrooms, labs, etc.) and maintaining certain physical distancing as determined by the College. I understand that I may be required to curtail certain activities if the College determines that participation of unvaccinated individuals presents an unreasonable risk to the campus community. I agree that should I contract a vaccine preventable disease, I will hold the College harmless and will comply with any and all limitations placed upon me by Shawnee Community College or public health officials. I understand that my request for an exemption may not be granted or may be rescinded if it creates an undue hardship for the College. I understand that any intentional misrepresentation contained in this request may result in disciplinary action up to and including dismissal.

Signature: _____ Date: _____

Print Name: _____ SCCID: _____

Signature of Parent or Guardian (if <18 years old): _____

Print Name: _____ Date: _____

Confidentiality of Information Provided

Requests for exemptions and any documents provided will be kept confidential and shared only with those College employees who have a need to know.

SUMMARY of NEXT STEPS

1. This request will be reviewed and acknowledged by SCC. Additional information may be requested.
2. After review, you will be notified of the decision regarding your requested medical exemption.
3. If you are granted a medical exemption, you will be required to undergo COVID-19 testing in addition to observing all COVID-19 health and safety protocols and will be informed of any additional accommodations.