



COVID-19 VACCINATION MEDICAL EXEMPTION REQUEST

The University of Minnesota maintains COVID-19 Vaccination Requirements for University members, including students, faculty, staff, graduate assistants, graduate or undergraduate student workers, adjuncts, professionals in training, and health sciences residents and fellows. If being vaccinated against COVID-19 would be unsafe for you due to a medical condition, you may be exempted from the requirement to be vaccinated by completing and submitting the second page of this form.

The University needs the information on this form to evaluate and document your right to a medical exemption. While you are not legally required to provide this information, if you do not do so, you may be in violation of the University's policies and requirements. Personally identifiable information you provide will be treated as private.

If you are a student, consequences for not providing this information include being prohibited from registering for classes. Deliberately supplying false, misleading, or incomplete information is a violation of the Student Conduct Code. The information may be shared with school officials who have an administrative need for the information, including University academic support, health and safety, information technology, and legal and policy compliance personnel, and others specifically authorized access by federal or state law.

If you are now, or later become a faculty or staff member, graduate assistant, graduate or undergraduate student worker, adjunct, professional in training, or health sciences resident or fellow, consequences for not providing this information or for deliberately supplying false, misleading, or incomplete information include employment discipline, up to and including discharge. The information you provide may be shared within the University of Minnesota to the extent that an employee of the University needs the information to perform their job. This may include staff with roles in health and safety, human resources, information technology, and legal and policy compliance. Information may also be shared with individuals outside the University who are authorized to have access under federal or state law. For individuals who are health sciences learners, including residents and fellows, information provided under this policy may also be shared with school officials who have a legitimate educational interest in the information, including academic support personnel, and others authorized by law.

If you submit this form by the date specified by the University, the University will grant contingent approval pending review of your submission. Following that review, the University may require additional information, or may deny your request. Such a request or denial will give you a reasonable period of time in which to provide the requested information or become fully vaccinated.

Instructions

This form must be completed by one of the following licensed healthcare providers: a Doctor of Medicine (MD), Doctor of Osteopathy (DO), Physician Assistant (PA), or Nurse Practitioner (NP, DNP or APRN). Forms completed by providers with other credentials will be rejected.

After your healthcare provider has completed and signed the medical provider section of the form, you must complete, sign and date the employee section and upload a photograph or scan of the following page of this form as instructed by the University.



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Patient name: _____ Date of Birth: _____

To Be Completed by the Licensed Healthcare Provider:

The above-named individual is requesting an exemption from the University of Minnesota’s requirement to be vaccinated against COVID-19. A medical exception from COVID-19 vaccination is allowed for certain recognized contraindications (see Centers for Disease Control (CDC) Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States, *available at* <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>).

I certify that in my opinion, the above individual should not receive any COVID-19 vaccination for the following reason(s) (check all that apply):

- Allergic reaction after a previous dose or to a component of the COVID-19 vaccine.
 Vaccine Ingredients (<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#Appendix-C>)

If applicable, which brand of the COVID-19 vaccine is contraindicated? _____

- After consideration of the CDC’s guidance, in my opinion vaccination against COVID-19 is not currently considered safe due to the physical condition of the individual or medical circumstance relating to the individual.

If applicable, enter the expected ending date of the physical condition or medical circumstance:

Provider Name: _____ Phone: _____

Provider Address: _____

Provider Signature: _____ Date: _____

Provider Credentials _____ License No.: _____

To Be Completed by the Individual Requesting a Medical Exemption:

I certify that the medical or religious exemption request form that I have uploaded is complete and accurate. If I am a student, I understand that deliberately supplying false, misleading, or incomplete information is a violation of the Student Conduct Code. If I am or later become covered by University of Minnesota employment policies, including those covering student workers, I understand that any intentional misrepresentation contained in my exemption request could result in disciplinary action under the University of Minnesota’s policies. I further understand and agree that if this request is denied that I will need to be fully vaccinated on the timetable directed by the University. I agree the information I have supplied may be used to verify my compliance with the University's vaccination requirements and agree to comply with the University's testing requirements and other COVID-19 safety protocols while I am employed at the University.

Signature: _____ Date: _____