



## Request for Medical Immunization Exemption Form-Student

Name:	
X Number:	
St. John's Email Address	
Phone Number:	

Name of health care provider completing Medical Exemption form: \_\_\_\_\_  
 Telephone number of health care provider: \_\_\_\_\_

I \_\_\_\_\_ give representatives from St. John's University permission to speak with the above listed health care provider regarding my application for a medical exemption.

COVID-19 vaccination is required for all St. John's University students returning to campus for the Fall 2021 semester. A student may be exempt from COVID-19 vaccination for medical reasons. As a result of not being vaccinated, you are accepting the potential consequences associated with this decision. This includes, but is not limited to, the responsibility to isolate or quarantine off campus if required by St. John's University and to undergo regular screening for COVID-19 at my expense if instructed to do so.

A student may be exempt from vaccination if a licensed physician, licensed midwife (caring for a pregnant student), or nurse practitioner certifies in writing that the COVID-19 vaccine (Pfizer-BioNTech/Moderna/Johnson & Johnson) is medically contraindicated. This statement must specify the length of time the immunization may be medically contraindicated and specify the date the student is permitted to be vaccinated.

To apply for a Medical Exemption, please submit the following two documents:

- 1) **Completed Medical Exemption-Student Form (this form)**
- 2) **COVID-19 Vaccine Medical Exemption-Health Provider form.**

Please allow 14 business days for your request to be processed. After your request has been reviewed and processed, you will be notified via secure email message sent to your St. John's University email.

**Please complete the following page of this form, attach all supplemental materials, and upload all documents to the St. John's University Health Patient Portal ([signon.stjohns.edu](https://signon.stjohns.edu)). Requests for exemption will not be accepted via email, U.S. mail or in person.**

**Initial next to each of the statements below:**

	I request exemption from the COVID-19 immunization requirement. I understand the risks of non-immunization and accept full responsibility for my health.
	I understand that in the event of an outbreak or threatened outbreak of coronavirus cases, I may be temporarily excluded from classes, residence halls, and any sponsored activities on campus. I agree to comply with these restrictions and accept responsibility for communicating with my faculty and advisors. I further understand that restrictions from campus, including but not limited to classes and living spaces, do not entitle me to any reduction in tuition, housing charges, or other University fees.
	Should I contract a communicable or contagious disease, I will immediately report it to St. John's University Student Health Services and comply with the isolation and quarantine procedures specified by the University and remove myself from the University community if so advised.
	I understand that this exemption will expire when the medical condition(s) contraindicating immunization changes in a manner which permits immunization.
	I understand and agree to comply with and abide by all St. John's University policies and procedures.
	I understand that this exception is only valid for the approved period and I may need to submit a new request for any subsequent changes or new medical contraindications.
	I certify that the information I have provided on and in connection with this request is accurate and complete.

Please Print Your Name: \_\_\_\_\_

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

Date: \_\_\_\_\_