



**VACCINE MEDICAL EXEMPTION FORM
REQUEST FOR MEDICAL EXEMPTION FROM COVID-19 VACCINATION**

Please print the following information:

Name: _____ Date of Birth: _____
 E-mail Address: _____ Leader: _____
 College/University: _____ Physician Phone No.: _____
 Physician Name: _____

Dear Physician:

Bellin Health has a responsibility to protect employees, employees' family members, patients, students, others affiliated with Bellin Health, and the broader community from Covid-19 infection. Towards this end, Bellin Health strongly recommends the Covid-19 vaccination for all team members along with other vaccinations such as influenza, MMR, and varicella.

Please complete the form below. Should you have any questions, please contact your student placement liaison.

Medical Waiver – I, _____ (Print Physician Name), certify that the above student is under my medical care and should be exempt from receiving the Covid-19 vaccination due to the medical reason(s) noted below (please check one, this is a **REQUIREMENT**):

- History of previous allergic reaction and/or documented allergy testing to indicate an immediate hypersensitivity reaction to the Covid-19 vaccine or a component of the vaccine (i.e. polyethylene glycol)
- History of an anaphylactic reaction to a previous dose of the Covid-19 vaccine
- Temporary medical condition in which deferral of Covid-19 vaccination would be acceptable: myocarditis or pericarditis; confirmed PCR or antigen positive Covid-19 infection within the past 10 days; infusion of monoclonal antibodies or convalescent serum in the last 90 days; or a recent history of multisystem inflammatory syndrome of children or adults

It is the student's responsibility to submit supporting medical record documentation along with this exemption form.

I certify that _____ has the above contraindication and request a medical exemption from Covid-19 vaccination.

Physician Signature: _____ Date: _____

Please email this form to Bellin College Student Services at
emily.caelwaerts@bellincollege.edu

Designation Office Use Only:

Medical Exemption Approved: ____/____/____ Approving Staff Signature: _____