University of New England

Request for Exemption Regarding COVID-19 Vaccination

Students requesting an exemption for the COVID-19 vaccines should complete this form and return it to UNE Student Health Services no later than 7/1/2021. Failure to provide information needed in this process, may impact on the students’ ability to register for housing and classes.

**Part 1** [To be completed by student]

Name: ________________________________________

Date of request: __________________________

Please explain below why you are requesting an exemption from COVID-19 vaccination:

- [ ] A medical condition  *(Provide Form to Your Medical Provider for Part 1)*
- [ ] A religious exemption  *(Complete Part 2)*

**Verification**

By signing below, I verify that the information I have submitted in support of my request for an accommodation/exemption relating to UNE’s COVID-19 vaccination requirement is complete and accurate to the best of my knowledge, and I understand that providing false or misleading information in this request may result in disciplinary action.

I also understand that my request may or may not be granted if it is not reasonable, if it poses a direct threat to the health and safety of others or to me or if it creates an undue burden on UNE.

I understand that in the case of an outbreak of COVID-19 within the UNE community or the surrounding community, for which I am not vaccinated against, I may be required to leave the UNE community. The length of time I will be kept out may vary from a week to over a month depending on the length of the outbreak and the existence of a threat.

**If I receive an approved exemption for any reason, I understand that I must follow the masking, social distancing guidelines and any other precautionary measures set forth by UNE for unvaccinated students.**

Student signature: _____________________________ Date: ___________________

Print name: __________________________________
Part 1  [To be completed by student’s medical provider]

Provider’s Name ________________________________
Telephone number: ________________________________

Medical exemptions for the vaccine will be approved for the following reasons;

1. Anaphylaxis to the vaccine- which vaccine and date of reaction
   Vaccine__________________ Date_________

2. Acute allergic reaction to the vaccine- which vaccine and date of reaction
   Vaccine__________________ Date_________

3. If the student’s underlying medical condition is such that the vaccination is contraindicated, what is the relevant diagnosis:
   ______________________________________

Medical Provider Signature: ________________________________
Date: ________________________________

Part 2  [To be completed by student]

Name: ________________________________________ Date of request: __________________________

Please explain below why you are requesting a religious exemption/accommodation:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

If requested, can you provide documentation to support your belief(s) or practice(s) resulting in the need for accommodation?  ____ Yes   _____ No

Describe any alternate accommodations that might address your needs, if applicable:

____________________________________________________________________________________