

**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.

<b>Part 1</b> [To be completed by student]
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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: \_\_\_\_\_

*COVID-19 Vaccine Contraindication link- [https://www.cdc.gov/coronavirus/2019-nCoV/vaccines/safety/allergic-reaction.html?s\\_cid=11235:why%20should%20i%20get%20a%20covid-19%20vaccine:sem.ga:p:RG:GM:gen:PTN:FY21](https://www.cdc.gov/coronavirus/2019-nCoV/vaccines/safety/allergic-reaction.html?s_cid=11235:why%20should%20i%20get%20a%20covid-19%20vaccine:sem.ga:p:RG:GM:gen:PTN:FY21)*

**Part 2** [To be completed by student]

Name: \_\_\_\_\_ Date of request: \_\_\_\_\_

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

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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:

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