

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. 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]
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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

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:
