COVID-19 VACCINATION EXEMPTION REQUEST FORM

Last name	First name	DOB (month day year)	Student ID Number
Address		Cell Phone Number	
Select/Highlight your campus location(s): Philadelphia Main Campus Newtown Campus			
Select/Highlight any that apply: Student Athlete (NCAA) Residential Student Club Sport Member			

Holy Family University is requiring that all students receive a COVID-19 vaccination or confirm the start of the vaccination process prior to matriculating to campus for the Fall 2021 semester, unless prohibited from doing so under applicable federal, state, or local law. The University requires verification of a first shot for the Pfizer or Moderna vaccine or the one-shot Johnson & Johnson's vaccine. Medical or religious exemptions to Holy Family University's COVID-19 vaccination requirement will be granted based on the specific circumstances of each request. Exemption requests will be evaluated on a case-by-case basis and are not automatic. Based on the student's statement (or the student's parent/legal guardian's statement if the student is a minor) and documentation, the Dean of Students or a member of Health Services may follow up with additional questions. Any student who has requested an exemption will be notified by email once the request has been reviewed and approved or denied.

I am requesting an exemption from the vaccination requirement on the basis of:

_____**Religious Exemption –** Objection to the vaccination on the basis of a sincerely held religious belief. A religious exemption is not the same as a political, sociological or conscientious exemption. ***Please attach a statement that describes your sincerely held religious belief which prevents you from receiving a vaccination.*** The University reserves the right to seek additional supporting documentation or information, as appropriate.

_____**Medical Exemption –** Medical exemptions for the COVID-19 vaccine will be considered upon receipt of written certification by a licensed, treating medical provider [namely a physician (MD or DO), nurse practitioner (NP), or physician's assistant (PA)]. A statement from a medical provider explaining the medical contraindication is required for a medical exemption, including the time period for which the exemption is valid. Medical exemptions will be reviewed annually and any student who no longer has a valid and documented medical reason for the exemption will be required to receive and document the required vaccination.

_____ Initials	**Verification of Accuracy:** I verify that the information I am submitting in support of my request for an exemption is complete and accurate to the best of my knowledge. I understand that any intentional misrepresentation contained in this request may result in disciplinary action.
_____ Initials	**Medical Release (if applicable):** I hereby authorize my medical provider to release my medical information to Holy Family University for the purpose of engaging in the interactive decision-making process in response to my vaccination exemption request. I understand that I may revoke this authorization in writing at any time.

I understand that my vaccine exemption for either medical or religious reasons may subject me to exclusion from campus and/or certain campus related activities, at the sole discretion of Holy Family University, in the event of an outbreak of a disease for which vaccination is required. I agree to follow all policies and procedures outlined in the COVID-19 Addendum to the University's Student Code of Conduct, as outlined in the Student Handbook. I further understand that while Holy Family University will aim to accommodate academically any absences from campus due to a communicable disease, Holy Family University will not be responsible for any costs associated with missed classes or exclusion from housing during the period of communicability. I acknowledge that no refund of such costs will be made, including periods of quarantine that students choose to complete off-campus. I further understand that, by requesting an exemption to the COVID-19 vaccine requirement, I agree to release Holy Family University, its officers, trustees, employees, students, and agents from any costs or liability associated with any illness, injury, or costs I may incur (including death) due to my failure to obtain a vaccination as required by Holy Family University.

_____ _____

Student Signature Date of Signature

_____ _____

Parent/Guardian Signature (if under 18 years of age) Date of Signature

Please return completed form with required supporting documentation:
Religious Exemption *– Attn: Dean of Students Office dos@holyfamily.edu*
Medical Exemption *– Attn: Health Services via fax at 267-341-3691, via email healthservices@holyfamily.edu or by mail at 9801 Frankford Avenue, SLR 113D, Philadelphia PA, 19114*

COVID-19 VACCINATION EXEMPTION REQUEST FORM
FOR MEDICAL EXEMPTION: TO BE COMPLETED BY THE STUDENT'S MEDICAL PROVIDER

Student Last Name	Student First Name	Student DOB (month day year)

Attention: Medical Provider

Holy Family University requires all students to receive the COVID-19 vaccine prior to arrival on the Holy Family University campus for the Fall 2021 academic semester. The above-named student is requesting an exemption from this vaccination requirement. A medical exemption from the COVID-19 vaccination may be allowed for certain recognized contraindications.

> **Medical Exemption:** Medical exemptions for the COVID-19 vaccine will be considered upon receipt of written certification by a licensed, treating medical provider [that is a physician (MD or DO), nurse practitioner (NP), or physician's assistant (PA)]. A statement from a medical provider explaining the medical contraindication is required for a medical exemption, including the time period for which the exemption is valid. Medical exemptions will be reviewed annually and students who no longer have a valid or documented medical reason for the exemption will be required to receive and document the required vaccinations.

Should you have any questions, please contact Holy Family University Health Services at healthservices@holyfamily.edu / 267-341-3262 or Dean of Students Office at dos@holyfamily.edu / 267-341-3204.

The above-named student should not be immunized for COVID-19 for the following reasons (Please check all that apply):

	History of previous allergic reaction to indicate an immediate hypersensitivity reaction to a component of the vaccine.
	The physical condition of the person or medical circumstances relating to the person are such that vaccination is not considered safe. ***Please provide in a separate narrative the specific nature and probable duration of the medical condition or circumstances that contraindicate vaccination with the COVID-19 vaccine.***
	Other – ***Please provide this information in a separate narrative that describes the exemption in detail.***

Recommended time period for exemption: _____

The undersigned hereby certifies that the above-named student has the noted contraindication(s).

_____ _____

Medical Provider Signature Date of Signature

Printed Name	
Office Address	Phone Number

Please return completed form with required supporting documentation to HFU Health Services received via fax at 267-341-3691 or by mail at 9801 Frankford Avenue, Attn: Health Services, SLR 113D, Philadelphia PA, 19114