



Covid-19 Vaccine Medical Exemption Request

KU Medical Center partners with multiple hospitals and healthcare providers to provide clinical and programmatic experiences for our students. These clinical partners are now requiring all students to have received the COVID vaccine before being allowed to begin or continue their clinical or programmatic experiences. Some KU Medical Center partners (including The University of Kansas Health System) are administering their own medical exemption request processes for students seeking an exemption due to a medical condition. Students are instructed to submit their requests directly to such sites. Meanwhile, some sites are directing KU Medical Center to perform that review. If your clinical site directs that KU Medical Center review and decide medical exemption requests, please complete the forms below making sure to have a licensed independent provider (MD, DO, APRN) complete the attestation. Forms should be submitted to student health records (studenthealthrecords@kumc.edu).

Section I: To be completed by student and parent or guardian (if student is under 18)

Name _____ Student ID _____

School _____ Program _____

Campus _____ Email _____

Clinical Site (including address) _____

A medical exemption from COVID-19 vaccination is allowed for certain recognized contraindications (<https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>).

I request a medical exemption from COVID-19 vaccination based on the following documented contraindication (check all that apply):

- Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine
- Immediate allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine (Vaccine Ingredients: <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#Appendix-C>)

Which ingredient caused an allergic reaction? _____

What was the reaction? _____

Which brand of the COVID-19 vaccine is contraindicated and why? _____

How long will the medical contraindication last? _____

- Other Contraindication or Medical Condition – Please explain in detail the other contraindication or specific medical condition justifying an exemption.

Examples of reasons NOT considered for other contraindication or specific medical condition include but are not limited to:

- History of severe allergic reactions to foods, oral medications, latex, pets, insects, or environmental triggers
- History of immunocompromising conditions or medications, which may make the vaccine less effective
- A general history of vaccine side effects or general avoidance of vaccines

Please provide/attach any additional information or documentation that may be helpful in processing your medical exemption request. The exemption committee may request additional information or documents as needed to process your request.

- I understand that an exemption, if permitted, is not binding on the clinical site and does not guarantee permission to participate in their programs. I also understand that I may be asked to take additional measures such as frequent COVID-19 testing, masking, or other measures as directed by the clinical site, and that such additional measures may be at my own cost.
- I understand that if granted an exemption, it is a temporary exemption, and the exemption is only for those clinical sites directing KU Medical Center to review and decide student medical exemption requests. I understand that, in the future, I may be placed at other clinical sites that administer their own processes. I understand I may need to submit subsequent requests directly to such clinical sites, who may decide to grant or deny my requests. I also understand that if the clinical site, for which I submitted this request, later decides to conduct its own review of exemption requests, I will need to re-submit my request directly to the clinical site.
- I authorize KU Medical Center to disclose my exemption status with clinical sites requesting such information as part of my planned clinical or programmatic activity.
- I understand that my request for an exemption may not be granted if it creates an undue hardship for KU Medical Center.

By signing this Medical Exemption Request, the student (and, if a minor, their parent or legal guardian), attests that they have the contraindication or other medical condition described above, and verifies the truth and accuracy of the statements in this request form.

If student is less than 18 years old the request must be signed by both the student and the parent or guardian.

Student Signature: _____ Date: _____

If student is under 18,

Signature of parent or guardian: _____ Date: _____

Section II: Medical Exemption Request (to be completed by a healthcare provider)

Please provide copy of Section I of this form to your healthcare provider

Attestation

I certify that I have reviewed Section I of the Medical Exemption Request completed by

[Student name]

I am a physician (MD or DO) licensed to practice medicine in a jurisdiction of the United States or an advanced practice nurse licensed in a jurisdiction of the United States.

By signing below, I affirm that I have reviewed the current CDC Contraindications and affirm that the student's stated contraindication is enumerated by the CDC and consistent with established national standards for vaccination practices.

Healthcare Provider Name (please print): _____

Specialty: _____

License No.: _____ State of Licensure _____ NPI No.: _____

Phone: _____ Fax: _____ Email: _____

Signature: _____ Date: _____
(Note: Signature Stamp Not Acceptable)

For administrative use only:

Exemption committee decision

- Approved
- Denied