

## REQUEST FOR MEDICAL EXEMPTION FROM COVID-19 VACCINATION

Loyola University Maryland is committed to building an inclusive and welcoming campus environment.

If you have an allergy to the COVID-19 vaccine or a specific medical condition that precludes complying with Loyola's COVID-19 vaccination requirement and you seek a medical exemption from Loyola's COVID-19 vaccination requirement, please consult with your physician and provide the following information.

Ple	ease print the following information:
Na	me:Date of Birth:
E-1	mail:Phone No.:
Ph	ysician Name: Physician Phone No.:
Ph	ysician Address:
De	var Physician:
pro by	yola University Maryland requires up-to-date COVID-19 vaccinations for all students seeking access to campus operty. The term "up-to-date" indicates initial vaccine series with any necessary booster recommendations as set forth the CDC. A medical exemption from COVID-19 vaccination is allowed for certain recognized contraindications <a href="mailto:tps://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html">tps://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html</a> ).
Ple	ease complete the form below. Thank you.
Th	e above person should not be immunized or boosted for COVID-19 for the following reasons:
(Pl	lease 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: <a href="https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#Appendix-C">https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#Appendix-C</a> )
	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 Medical Reason – Please provide this information in a separate, attached narrative that describes the other medical reason justifying an exemption in detail.



## FOR THE PHYSICIAN

I certify that and request a medical exemption from CO	has the above contraindication or specific medical condition of vaccination.	on
Physician Signature:	Date: gnature Stamp Not Acceptable)	
Physician Medical License No.:		
Verification and Accuracy		
FOR THE STUDENT		
understand that any intentional misrepresent include suspension or dismissal from the unit	ovided is complete and accurate to the best of my knowledge, and I ation contained in this request may result in disciplinary action which may versity. My request for an exemption from the COVID-19 vaccination in described above. I understand that my request for an exemption may not be University.	•
Signature:	Date:	
Print Name:	Loyola ID#:	
Signature of Parent or Guardian (if <18 y	ears old)	
Print Name:	Date:	

## **Confidentiality of Information Provided**

Requests for exemptions and any documents provided will be kept confidential and shared only with those university employees who have a need to know.

## **Summary of Next Steps**

- 1. This request will be reviewed and acknowledged by the Vaccination Exemption Review Committee. The Vaccination Exemption Review Committee may, at its sole discretion, request additional information.
- 2. After review, you will be notified of the decision regarding your requested medical exemption via the email you provide on this form. We will reconsider a denial only if you bring forth new information supporting your request.
- 3. Students who are granted exemptions are required to follow all Loyola University Maryland COVID-19 protocols and must stay apprised of those protocols that apply specifically to individuals who are granted exemptions. Those protocols may include regular surveillance testing, masking, different isolation/quarantine protocols, and other parameters as determined by the University. The protocols are subject to change at any time and may be different for students with exemptions than for those who are up-to-date on their vaccinations.