

Request for Medical Exemption Related to COVID-19
Vaccine 2022-23 Academic Year
Submit form and supporting documentation to
medexemption@methodist.edu

Name	E-mail	Date of Birth	MU ID #

Students, faculty, and staff must fill out the COVID-19 vaccine medical exemption form and submit it via email to medexemption@methodist.edu along with documentation from a licensed health care provider that a required immunization is or may be detrimental to a person's health due to one of the conditions the CDC considers a contraindication for vaccination or that there are other special medical circumstances that support a vaccination exemption. Contraindications include a severe allergic reaction after a previous dose of the COVID-19 vaccine, an immediate allergic reaction to a previous dose of any component of the vaccine, or a known allergy to any component of the vaccine.

Statement to be completed by student (or guardian if under 18), faculty, or staff:

IMPORTANT NOTE: This exemption is only valid for the 2022-23 academic year. Methodist University may require additional requests for exemption based on the needs of the student or employee's respective school and academic program and may modify the nature of the exemption or any associated reasonable accommodations.

As a student or employee with this exemption, I understand and certify:

- I will comply with testing as directed by Methodist University which may include weekly prevalence testing throughout the academic year.
- I will submit to self-isolation or quarantine in a designated University facility (if I live on campus) or in my own residence or an alternate location of my choice (if I live off campus) and follow the directions of University officials regarding monitoring and self-care in any circumstance (1) where there is a reasonable belief that I have been exposed to an individual who has tested positive or suspected positive for COVID-19, (2) when I may be experiencing any symptom(s) consistent with COVID-19, or (3) if I test positive or suspected positive for COVID-19, until such time as my symptoms resolve and I may be tested and medically cleared to resume participation in University activities.
- I will respond promptly to outreach from Cumberland County Health Department officials and provide all requested information to them regarding my contacts with individuals and cooperate with any contact tracing or other information gathering processes designed to identify risks of virus transmission to others.
- I will follow any additional public health protective measures, which may evolve based on the overall course of the pandemic, as required by University policy. I understand I may be subject to additional requirements if my academic program requires me to be in clinical settings.
- In the event of an outbreak or a threatened outbreak of COVID-19, I will comply with any University directive that may bar me from living, working, learning, and/or participating in University-approved activities on campus temporarily or permanently. I understand that any such restrictions will not entitle me to reductions in tuition, housing charges, or other University fees.

I certify that the information I have provided in connection with this request is accurate and complete and the exemption may be revoked if any false information has been used to request an exemption. I understand that although Methodist University holds the health and safety of its community as paramount, there is no guarantee that I will not be exposed to or infected with COVID-19. I have reviewed the CDC's information on the benefits of getting a COVID-19 vaccine (<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/vaccinebenefits.html>) and understand that, as an unvaccinated individual, my physical presence as well as participation and utilization of facilities, services, and programs at Methodist University may carry heightened risks that cannot be eliminated regardless of the care and reasonable efforts taken to avoid and mitigate those risks. I also understand that I may be at higher risk for severe complications from COVID-19 if I have particular conditions identified by the CDC. Despite these risks, I chose not to be vaccinated. I have read and fully understand my obligations as described above and request this exemption related to COVID-19 vaccine.

Student or Employee Name: _____

University ID: _____ Date of Birth: _____

Signature of student (or parent/guardian if a student is under 18) or employee:

_____ Date: _____