



COVID-19 Vaccination – MEDICAL/RELIGIOUS OBSERVATION DECLINATION FORM

Name: _____ Date: _____

AccessID: _____ Date of Birth: _____

Contact Phone Number: _____

Please select all that apply: WSU Student WSU Employee

Individuals who have a medical condition that would prevent them from being able to receive vaccines must present documentation from their physician/practitioner.

Have you ever had a life-threatening allergic reaction after a dose of COVID-19 vaccine? Yes No

If Yes, please provide the manufacturer of the vaccine, approximate date of COVID-19 vaccine administration and a brief description of your allergic reaction:

Have you ever had a life-threatening allergic reaction to any of the vaccine ingredients? Yes No

If Yes, name (s) of the ingredients: _____

Signature: _____

HEALTH CARE PROVIDER TO COMPLETE

A Michigan-licensed physician/practitioner to complete and sign request for exemption.

Physician/Practitioner Statement: The above-named individual from Wayne State University is under my care. I have reviewed the Covid-19 vaccine recommendations from the Centers for Disease Control (CDC) and request the following medical exemption based on a true medical contraindication as outlined by the CDC:

Permanent Exemption related to:

Severe allergic reaction (e.g., anaphylaxis) after a previous dose of Covid-19 vaccine

History of anaphylactic reaction to Covid-19 vaccine ingredient: _____

Temporary Exemption related to: Pregnancy Other _____ Student
will be able to receive vaccine on or after (date): _____

Please Indicate Vaccine manufacturer(s) you are exempting student from: _____ Provider

Name (print): _____ MI Medical License #: _____

Address: _____ Phone: _____

Signature: _____ Date: _____

As options for the Covid vaccine expand, there may be vaccines available that will be medically safe for the individual. The Campus Health Committee reserves the right to request recertification of this exemption.

RELIGIOUS/SPIRITUAL EXEMPTION REQUEST

The University will grant exemption to the vaccine requirement when an individual's sincerely-held religious beliefs preclude vaccination. A religious exemption will not be granted based on a philosophical, moral, or conscientious objection. Please describe below why your sincerely-held religious beliefs preclude you from receiving the COVID-19 vaccination.

Please identify your sincerely held religious belief, practice or observance that is the basis for your request for an exemption from the Covid-19 vaccine requirement:

Please briefly explain how your sincerely held religious belief, practice or observance conflicts with the University's Covid-19 vaccine requirement:

Please indicate whether you are opposed to all vaccines, and if not, the religious basis on which you object to the Covid-19 vaccine.

Please provide any additional information that you think might be helpful in reviewing your religious exemption request:

The Campus Health Committee reserves the right to request additional information reasonably needed to evaluate your request.

Applicant Signature:

*Everyone must upload this form to the hyperlink provided.
The Campus Health Committee will determine valid exceptions.*

IMPORTANT NOTE: This exemption is only valid for the 2023-2024 academic year. The University may require additional request for exemption based on the needs of the individuals' respective school and academic program. As an individual with this exemption, I understand and certify:

- *I will follow any public health protective measures as required by University policy.*
- *I understand I may be subject to additional requirements if my academic program requires me to be in a clinical settings.*

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 the 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.

Applicant Signature: