

Southern Illinois University Edwardsville Medical Exemption Request From Mandated Vaccination

The majority of our clinical placement sites have Federal and State mandates in place regarding mandatory vaccinations. If you wish to be exempt from vaccinations due to medical beliefs, a documented exemption must be on file in order to maintain compliance with these mandates.

Requests for medical exemptions from vaccination will be reviewed based on the information provided by an appropriate healthcare professional in the attached medical certification. The certification must be completed by a physician, physician assistant, or nurse practitioner. Please print your name at the top of the medical certification form and give it to your healthcare provider to complete, then submit the completed forms following the instructions below. The University reserves the right to contact the certifying health care professional to verify or obtain clarification of the information in the certification.

If approved, this exemption will remain in effect for up to one calendar year, depending upon the duration of the condition for which the exemption is granted.

I, _____ request that I be exempt from the requirement to receive the following vaccinations:

COVID-19

Influenza

Your signature below indicates acceptance of the above-referenced terms and conditions of a medical exemption.

Name (print): _____ Classification: Student Employee

800 Number: _____ E-mail address: _____

Academic Program: Nursing Dental Pharmacy

I, the undersigned do hereby request exemption from immunization as recommended by my physician.

Signature: _____ Date: _____

Submission instructions:

For requesters seeking medical exemption as a disability accommodation, submit this form along with the Healthcare Provider Certification to the [Office for Accessible Campus Community & Equitable Student Support \(ACCESS\)](#) via the Apply/Register button of the ACCESS website.

For requesters with pregnancy related exemption requests, return this form to: Office for Equal Opportunity, Access & Title IX Coordination.

Email: mbigtas@siue.edu (preferred) • Fax: 618.650.2270 • In person: Rendleman Hall 3316

For Office Use Only

Approved

Denied

Signature and Title

Date

Notes: _____

Unless otherwise noted, this exemption expires one year from the date of approval.

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HEALTHCARE PROVIDER CERTIFICATION

Employee/Student Name: _____

Physician/Physician Assistant/Nurse Practitioner Name (print): _____

Office Phone Number: _____ License Number: _____

NPI Number: _____

Dear Healthcare Provider:

The above-named individual has requested a medical exemption from Southern Illinois University Edwardsville's vaccination and immunization requirement. The University will evaluate the request based on the medical information you provide below. A medical exemption is allowed only for currently recognized contraindications or other compelling medical reasons.

Please complete this form if you recommend that your patient should receive a medical exemption. We encourage you to listen carefully to your patient's concerns regarding vaccination and provide information that will help them make a fully informed decision. The CDC also provides information that is helpful in overcoming vaccine hesitancy. For some patients, specialists in allergies and immunology may be able to provide additional care and advice.

CERTIFICATION: I recommend that the above-named individual be granted a medical exemption from Southern Illinois University Edwardsville's vaccination and immunization requirement for the following reason(s) (check all that apply):

History or documented test indications of severe allergic reaction to the vaccine or its components (e.g., hives, swelling of lips or tongue, difficulty breathing within 4 hours of vaccination)

Pregnancy (In consultation with healthcare provider, individual will need to arrange for vaccination after delivery.)

Other medical contraindication (please provide detailed information below or on separate page as necessary; request will be reviewed on a case-by-case basis):

Signature: _____ Date: _____
(signature stamps will not be accepted)