



**SEATTLE UNIVERSITY**

**COVID-19 VACCINE -- MEDICAL EXEMPTION FORM**

Faculty/Staff Name: \_\_\_\_\_

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**PART 1: TO BE COMPLETED AND SIGNED BY FACULTY/STAFF**

I have a medical reason why I am unable to receive a COVID-19 vaccine. I understand the risks of not receiving a COVID-19 vaccine. I am seeking an exemption from Seattle University's COVID-19 vaccination requirement due to having medical contraindications, precautions, or other conditions that prevent me from receiving the COVID-19 vaccinations.

Medical contraindications for immunizations are determined by the United States Centers for Disease Control ("CDC"). A contraindication is a condition in the recipient that increases the risk for a serious adverse reaction. A precaution is a condition in a recipient that might increase the risk for a serious adverse reaction that might compromise the ability of the vaccine to produce immunity.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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**PART 2: TO BE COMPLETED BY HEALTHCARE PRACTITIONER**

I certify that no COVID-19 vaccine is advisable for this patient. I have discussed the benefits and risks of immunization with the above-named individual as a condition for the exemption.

\_\_\_\_\_  
Licensed Healthcare Practitioner Name (print)

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Licensed Health Care Practitioner Signature

\_\_\_\_\_  
Date

MD    ND    DO    ARNP    PA-C

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