



COVID-19 Vaccine Clinical Placement Medical Exemption Request Form

Name: _____

SVSU ID#: _____ Signature: _____

Student/Faculty/Staff Instructions: Complete the top portion and have a health care provider (MD, DO, NP, PA) who has knowledge of your medical history and who has treated you for the condition that you are requesting the exemption for, complete the information below.

Provider Instructions: Please consider this signed form as authorization to release the information provided below and answer any relevant inquiries to the Office of Accessibility Resources & Accommodations (students) or Academic Affairs Office (faculty/staff) at Saginaw Valley State University. Please note the vaccine contraindication or other medical condition(s) that prevent the individual from receiving any COVID-19 vaccine at this time.

VACCINE CONTRAINDICATION
Contraindication to one vaccine does not preclude receipt of another vaccine type
Janssen/Johnson & Johnson
mRNA Vaccine Pfizer or Moderna
*Please explain how the medical condition warrants an exemption from receiving the COVID-19 vaccination:
Note: Attach clinical documentation providing specifics for the vaccine contraindication checked above

I attest that I have a health care provider/patient relationship with the individual who has requested an exemption to all of the current COVID-19 vaccines, and that the statements above, and on the clinical information attached, are true and accurate.

Name/Title: _____ License (or MRN)# _____
Address: _____ Phone: _____ Fax: _____
Signature: _____ Date: _____
Address: _____
Street City State Zip