



Student Request for Medical Exemption from COVID-19 Vaccine Requirement

Student Section: Complete the following information

Print Name (last, first) _____ Student ID _____

Email Address: _____ Best Phone Number _____

Academic Program: _____ Student Signature _____

After you and your provider complete this form, scan and submit it to vaxexemption@campbell.edu. Information will be kept only in your confidential student medical record. You will be notified within seven (7) calendar days after receipt of all necessary information whether your exemption request is approved. It is the responsibility of the student to report and upload the exemption document into the required portal for the student's program.

Provider Section: A physician, PA, or NP licensed in the state of North Carolina must complete and sign this section. Forms completed by the student will not be accepted.

Physician/Provider Instructions: By completing this form, you certify that different methods of vaccinating against COVID-19 have been considered, and that the following medical contraindication precludes any/all vaccinations for COVID-19. Guidance for medical exemptions for COVID-19 vaccination can be obtained from the Advisory Committee on Immunization Practices (ACIP) available at <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>.

The following are NOT considered contraindications to COVID-19 vaccination:

- Local injection site reactions after (days to weeks) previous COVID-19 vaccines (erythema, induration, pruritus, pain, etc.)
- Expected systemic vaccine side effects in previous COVID-19 vaccines (fever, chills, fatigue, headache, lymphadenopathy, vomiting, diarrhea, myalgia, arthralgia)
- Vasovagal reaction after receiving a dose of any vaccination
- Being an immunocompromised individual or receiving immunosuppressive medications
- Autoimmune conditions, including Guillain-Barre Syndrome
- Allergic reactions to anything not contained in the COVID-19 vaccines, including injectable therapies, food, pets, venom, environmental allergens, oral medication, latex, etc.
- Breastfeeding
- Immunosuppressed person in the student's household
- Alpha-gal Syndrome
- **The COVID vaccines do not contain egg or gelatin; allergies to these substances are not contraindications.**

Please select medically indicated contraindication below:

Severe allergic reaction (anaphylaxis) after a previous dose of or to a component of the COVID-19 Vaccine, including Polyethylene Glycol (PEG) (Please describe response in detail below and contraindication to alternatives, such as the Johnson & Johnson vaccine, which does not contain PEG)

Immediate allergic reaction to a previous dose or known (diagnosed) allergy to a component of the vaccine (Please describe response in detail below and contraindication to alternative vaccines.)

Other medical circumstance preventing vaccination with any available COVID-19 vaccine (Be specific & describe in detail below)

Signature of Healthcare Provider: _____ Date: _____

Printed name: _____ Practice name: _____

Practice telephone number: _____ Practice email: _____

Students with an approved COVID-19 exemption may be required to comply with routine COVID-19 testing and other preventative measures such as distancing, masks, isolation, quarantine and other health and safety protocols by virtue of their unvaccinated status that may not apply to vaccinated students. This treatment is based solely on their unvaccinated status and may be required to protect their health and the health of the Campbell University community.

University Approval: Yes No / Approval Signature: _____ Date: _____