



# Roger Williams University COVID-19 Vaccine Exemption Request Forms Due on or before July 7, 2021

**Section 1: To be completed by student (or parent/guardian if student is under 18) for Medical or Religious Exemption**

Last Name	First Name	Middle Initial	RWU Email	Date of Birth	Student ID #

**Medical Exemption Request, complete fully before submitting (to be completed by student's medical provider)**

Medical Provider Certification of Contraindication: I certify that my patient (named above) should not be vaccinated against COVID-19 because they have one of the following contraindications: For CDC Guidance ([insert link](#))

Documented anaphylactic allergic reaction or other severe adverse reaction to any COVID-19 vaccine – e.g., cardiovascular changes, respiratory distress, or history of treatment with epinephrine or other emergency medical attention to control symptoms. Generally, does not include gastro-intestinal symptoms as the sole presentation of allergy. Describe the specific reaction:

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Documented allergy to a component of the Covid 19 vaccine – does not include sore arm, local reaction or subsequent respiratory tract infection. Please explain:

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Other documented contraindication (i.e. medical condition, etc.). Please explain:

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Please document if patient is able to receive other Covid vaccines without allergy components of concern:

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**Student's Medical Provider Information**

Signature of Healthcare Provider:	
Name (print):	Clinic Stamp:
Address:	Phone:

**Religious Beliefs Exemption Request - complete fully before submitting (to be completed by student or guardian if under 18)**

If the sincere religious beliefs of a student (or the parent, guardian if under age 18) are contrary to the immunization requirement for a COVID-19 vaccine, the student may request an exemption from the requirement upon submitting a written statement below explaining the sincere religious beliefs, opposition to the immunization requirement, and attesting that they have discussed their decision with their clergy/spiritual advisor:

Name of Clergy/Spiritual Advisor:

Phone#:

**Student Statement:**

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**Section 2: FOR ALL REQUESTS: You attest to understanding the risks of not receiving the Covid vaccine and accept your responsibility to follow University safety guidelines for non-vaccinated students (to be completed by student if 18) or (guardian if under 18). Please complete fully before submitting.**

<hr/> <b>Initials</b>	I understand the benefits and the risks of the Covid 19 vaccine.
<hr/> <b>Initials</b>	I understand the risk of contracting the disease that the Covid 19 vaccine prevents.
<hr/> <b>Initials</b>	I understand the risk of transmitting the virus to others and that if granted an exemption, I agree to follow all Covid Prevention testing, masking, distancing and guest policies established by the University for the protection of myself and others.
<hr/> <b>Initials</b>	I understand that if an outbreak of vaccine-preventable disease should occur, an exempt student may be excluded from campus and/or University activities for a period of time as determined by the University, after guidance from the RI Department of Health, based on a case-by-case analysis of public health risk.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature (if student is under 18): \_\_\_\_\_

Date: \_\_\_\_\_

**Once completed or by July 7, 2021, students must upload the signed form in the Health Services Patient Portal. Go to the Upload Tab and select Immunization Record from the drop down list. If you need assistance, contact Health Services at [health@rwu.edu](mailto:health@rwu.edu) or 401-254-3156.**

Students will be notified of exemption approval status on or before July 16, 2021.

June 2021