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**NEIU COVID-19 Exemption Form**

**Instructions: Please complete this form electronically prior to printing for signatures. This form can be submitted via the** [**health portal**](https://neiu.studenthealthportal.com/Account/Logon?ReturnUrl=%2F)**, email to** **health-services@neiu.edu****, fax: 773-442-5808, or delivered to Student Health Services at E-051.**

*An individual may be exempted from the COVID-19 vaccination requirements upon acceptance by the Student Health Services (SHS) office of a written and signed statement and certification by the individual and/or their care provider detailing the individual’s needs on the premise of medical and religious indications. Any religious exemption will require a SHS APRN consultation for final acceptance.*

1. **Individual’s Information**

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| --- | --- | --- | --- | --- | --- |
| Last Name: | Enter Text | First Name: | Enter Text | NEIU ID # |  Enter # |
| DOB: | Enter Date | Type of exemption: | [ ]  Medical [ ]  Religious |

1. **Medical Exemption Certification** [ ]  **N/A**

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| I, Enter Care Providers’s Name[Name of licensed MD, DO, PA, NP] hereby certify that the above-named individual has: A medical condition that contraindicates their receipt of any of the COVID-19 vaccine: |
| Please check the appropriate box and list below either: [ ]  The applicable CDC contraindication to this vaccine\*, or [ ]  The applicable manufacturer’s vaccine insert contraindication to this vaccine\*, or [ ]  The physical condition of the person or medical circumstances relating to the person that are such that immunization is not considered safe, indicating the specific nature of the medical condition or circumstances that contraindicate immunization with this vaccine\*  |
| \*REQUIRED: Description of contraindication meeting criteria checked above: Click or tap here to enter text. |
| This contraindication is: [ ]  Permanent or [ ]  Temporary |
| If temporary: The expiration date of the exemption for this vaccine is: Click or tap to enter a date. |
|  |
| Medical Provider Name: Enter Care Provider’s Name Date: Click or tap to enter a date. |
| Medical Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Medical Lic#/State of Issue: enter #/state |
| Practice Address: Enter Practice Address Practice Phone #:Enter Phone #  |

1. **Religious Exemption Requisition** [ ]  **N/A**

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| The request for religious exemption must indicate the specific religious belief that conflicts with COVID-19 vaccination. The religious objection may be personal and need not be directed by the tenets of an established religious organization. General philosophical or moral reluctance to allow immunizations will not provide a sufficient basis for an exception to statutory requirements*.* *IL Administrative Code: Title 77, Chapter I, Subchapter k, part 694 section 100 (JCAR: 77.I.k.694.100) IL Administrative Code: Title 77, Chapter I, Subchapter k, part 694 section 210 (JCAR: 77.I.k.694.210)*  |
| I, Enter Individual’s Full Name, hereby request a religious exemption from the COVID-19 vaccination. |
| Please describe your religious objection below:Click or tap here to enter text. |
| **Religious Exemption Notification:** No individual is required to have an immunization that is contrary to their religious beliefs. However, not following vaccination recommendations may endanger the health or life of the unvaccinated individual, others with whom they come in contact, and individuals in the community.  |

1. **COVID-19 Testing Requirement**

All individuals returning to university property or facilities who are not fully vaccinated, despite approval of medical or religious exemptions are required to test weekly for COVID-19 until notified by Student Health Services or Human Resources. Test results must be submitted to Student Health Services weekly via the [health portal](https://neiu.studenthealthportal.com/Account/Logon?ReturnUrl=%2F). Non-compliance with weekly testing requirements will result in reporting of failure to test or submit test results to the appropriate administration.

1. **Other COVID-19 Notifications:**

In a disease outbreak, or after exposure to any of the diseases for which immunization is required, the university may exclude individuals who are not vaccinated in order to protect those individuals, students, colleagues, and the community. Continue to protect yourself and others by wearing masks at all times indoors, practicing good hand hygiene, and social distance appropriately.

1. **Acknowledgement:**

I, Enter Individual’s Full Name, acknowledge that I have read the above exemption notifications and verify that all documentation presented is current and accurate. I also understand that I am subject to the repercussions of falsifying information. I understand that my request for an exemption may not be granted; if it is granted, I will comply with COVID-19 testing requirements as outlined above.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: Enter Date