**NEIU COVID-19 Medical Exemption Form**

**Instructions:** Read the entire form. Please complete this form electronically. This form can be submitted via the health portal, email to [health-services@neiu.edu](mailto: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 from the Student Health Services (SHS) department by providing SHS: a written statement and signature from a medical provider, the signed acknowledgement to comply with COVID-19 testing requirements, and conduct weekly COVID-19 testing. SHS reserves the right to decline a request if the written statement does not meet the requirements stated above.

**Individual’s Information**

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| --- | --- | --- | --- | --- | --- |
| Last Name: |  | First Name: |  | NEIU ID: |  |
| **To be completed by a Medical Provider only:**  I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of licensed MD, DO, PA, NP), hereby certify that the above-named individual with the date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has a medical condition that contraindicates their receipt of any of the COVID-19 vaccines.  **Please check the appropriate box:**  ☐ The applicable CDC contraindication to this vaccine\*  ☐ The applicable manufacturer’s vaccine insert contraindication to this vaccine\*  ☐ 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 above:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  This contraindication is : ☐ Permanent or ☐ Temporary If temporary: Medical exemption expiration date: \_\_\_\_\_\_\_\_\_\_\_  Medical Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Practice Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Practice Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Medical Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medical Lic. #/State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |

**Testing Requirement**

All individuals returning to university property or facilities who are not fully vaccinated, despite approval of a medical exemption, are required to test weekly for COVID-19 until notified by SHS or HR. Anyone who is typically 100% remote but needs to come to campus will need to test at least 72 hours prior to coming to campus. Test results must be submitted to SHS. Non-compliance with weekly testing or intermittent testing requirements may result in disciplinary actions.

**Acknowledgement**

By signing this form, electronically or otherwise, the student or employee verifies the understanding of this document and its full content; verifies the understanding that the request for a medical exemption may not be granted; and verifies that compliance is mandatory.

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| --- | --- | --- | --- |
| NEIU Student or Employee Signature: |  | Date: |  |

**Medical Exemption Notification**

No individual is required to have an immunization that is contrary to their health. 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. 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 others.