

**MOUNT ST. JOSEPH UNIVERSITY
COVID-19 VACCINE EXEMPTION REQUEST AND WAIVER FORM**

Complete all three (3) parts of this form, as applicable. Students submit the completed form to Wellness.Center@msj.edu. Employees submit the completed form to Human.Resources@msj.edu.

PART I. CERTIFICATION OF EXEMPTION REQUEST AND WAIVER

Please carefully read and certify your full understanding and voluntary agreement with the statements in Part I.

By signing below, I hereby request that I be exempt from a vaccination requirement of Mount St. Joseph University (the "University") or an External Partner, as applicable. I represent that the information I provide to the University on or in connection with this form is true and accurate, and I understand that I will be subject to appropriate corrective action if I am found to have supplied knowingly false or intentionally misleading information.

I also hereby waive all claims against the University and any of its employees, officers, agents, affiliates, and External Partners, and release such persons and entities from any and all liability connected with an outbreak of disease or other public health emergency at the University, including but not limited to, all responsibility for any impairment of my health, delay in my academic/graduation progression, increased cost to my academic progression, my absence from work, and/or my lost income that may result from this exemption.

I am aware of the benefits and risks of receiving the COVID-19 vaccine as well as the risks of not being immunized. In the event of my exposure to, symptoms for, or diagnosis with COVID-19 as well as any outbreak, I agree to follow the Mount St. Joseph University COVID-19 Safety Guidelines and applicable public health orders, which may include my removal and exclusion from campus (for any purpose, including but not limited to learning and working), Seton Residence Hall, External Partners, and other in-person University activities, at my own expense, and until the situation is resolved to the University's satisfaction. I understand that I will be responsible for all consequences of any nature, including but not limited to, any classes missed and/or academic or work requirements missed as a result of this exemption.

I have read and understand the University's COVID-19 Vaccine Policy. I understand that I may be required to comply with additional or different procedures as a reasonable accommodation to the applicable vaccine policy and I hereby agree to comply with same.

Name of Applicant: _____ DOB: _____
(please print)

Applicant's Signature: _____ Date: _____

*Parent/Guardian Signature: _____ Date: _____
**If Applicant is under the age of 18*

NOTICE

After your COVID-19 Vaccine Exemption Request and Waiver form is reviewed, you will be notified whether your request has been approved or denied by the University. If your request is denied, you may submit additional information within 10 days to have your request reconsidered by the University. Only one exemption may be requested per individual per semester, unless there has been a relevant change in circumstances, as determined by the University. Any denial will remain in effect unless and until your future exemption request is approved by the University.

PART II. DOCUMENTATION OF BASIS FOR EXEMPTION

Complete Part II to document the basis for your request for an exemption from the University or External Partner’s COVID-19 vaccination policy.

I am requesting an exemption for one of the following two reasons: (check one)

_____ **Religious/Moral Exemption** - Notarized statement of belief required.

To be completed by the applicant:

The following is a brief statement of my sincerely held religious or moral belief (attach additional documentation if needed):

To be completed by a notary:

State of Ohio, County of _____

Subscribed and sworn before me by _____ (name) on this _____ (date).

[Place Seal of Notary Below]

Signature of Notary

Printed Name of Notary

_____ **Medical Exemption** – Attach a statement from your healthcare provider addressing:

1. Does the patient have one of the following CDC-recognized contraindications to the COVID-19 vaccine?
 - Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine; or
 - Immediate (within 4 hours of exposure) allergic reaction to any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine.
2. If yes, did you treat the patient for the severe/immediate allergic reaction? If you did not treat the patient, have you reviewed medical records documenting the diagnosis and do you agree with the diagnosis?
3. Does the patient have a health condition that significantly limits a major life activity and that prevents the patient from complying with the vaccine requirement?
4. If yes, please explain how the health condition prevents the patient from complying with the vaccine requirement and for how long.
5. How long have you treated the patient?
6. Include the provider’s name, signature, clinic/practice name, address and phone number.

PART III. AUTHORIZATION TO RELEASE INFORMATION

Applicants who seek an exemption to any External Partner’s COVID-19 vaccine requirement must complete Part III of this form to authorize the University to forward their COVID-19 Vaccine Exemption Request and Waiver form to External Partners.

The Family Educational Rights and Privacy Act (“FERPA”) affords students certain rights with respect to their education records. These include the right to provide written consent before the University discloses personally identifiable information from the student’s education records, except to the extent that FERPA authorizes disclosure of directory information without consent. Ohio law and the federal Health Insurance Portability and Accountability Act (“HIPAA”) protect certain health related information from unauthorized use or disclosure without consent. Protected Health Information (“PHI”) includes personally identifiable that describes the individual’s health status or condition, treatment, or products.

By signing the authorization below, you agree that University personnel may provide this COVID -19 Vaccine Exemption Request and Waiver form and any related information from your education records or any related Protected Health Information (if and as applicable) to any External Partner(s) identified below. The purpose of the disclosure is to facilitate your request for an exemption from External Partners’ COVID-19 vaccine requirements. You further understand and acknowledge that: (1) you have the right not to consent to the release of COVID-19 Vaccine Exemption Request and Waiver form, education records, and/or PHI (if and as applicable); and (2) this consent shall remain in effect until revoked by you in writing and delivered to Mount St. Joseph University’s Wellness Center or Registrar, but that any such revocation shall not affect disclosures made prior to the receipt of any such written revocation.

I authorize information to be released to the following External Partner(s): (check one)

_____ All entities with whom I may be placed for clinicals, internships, or other educational experiences related to my course of study.

Other:

Applicant’s Signature: _____ Date: _____