



SARS-CoV-2 (COVID-19) ~ Request for Exemption

Student name: _____ Student ID: _____

Student contact number: _____ Date of birth: _____

To be *Fully Vaccinated*, a requirement to be enrolled at the University of Redlands, you must upload proof of COVID vaccination, and a booster shot within three weeks of becoming booster eligible. Like other required vaccinations, exemptions for medical reasons will be considered if accompanied by supporting statements and/or documents from a physician trained in the relevant specialty that informs the basis for the exemption, which can be shared here:

MEDICAL EXEMPTION

I certify that patient, _____, has a medical condition such that COVID-19 immunization, otherwise required for enrollment at the University of Redlands, is not considered safe.

The medical condition described above is provided to substantiate the need for the University's COVID-19 vaccination requirement to be exempted for this individual.

Choose one: _____ Permanently OR through Month _____ Year _____

Reporting Physician Name: (please print) _____

Reporting Physician Signature: _____ Phone: _____

Address: _____

OTHER EXEMPTION

SARS-CoV-2 vaccination exemptions, for reasons other than medical, will be considered in the context of public health risk, CDC guidance, and with acknowledgment of the uncertainty that surrounds the COVID-19 pandemic.

An "Other Exemption" request should be uploaded via the student health portal and include:

1. This form with the student demographic information above completed, and a signature below.
2. Your answers to the following questions:
 - a. Why are you requesting an exemption from the COVID-19 vaccine requirement?
 - b. What is the logic that informs your thinking and therefore this request?
 - c. If exempted from vaccination, a requirement rooted in community health and safety, how will you protect the public's health?

My signature confirms the content contained here, and submitted as supplemental documentation, is accurate and reflective of my interests and requests. It also affirms my understanding that my ability to participate in NCAA sports, study-away opportunities, as well as other programs and services provided by, or supported by the University of Redlands, may be impacted by my vaccination status.

Signature: _____ Date: _____