



Crete Student COVID-19 Vaccination Exemption Request

Vaccinations are an essential part of the health and safety of our Doane community. The risk of contagious diseases includes others on campus, not only the unvaccinated individual.

To request an **EXEMPTION** from the COVID-19 vaccination, submit this appropriate exemption form below along with any relevant documentation to the Student Health Portal. Requests will be reviewed by Student Health Services.

To upload documents to the [Student Health Portal](#).

1. Login with your Doane username and password
2. Use the document upload tab and select immunization
3. Attach the completed form and click submit



Request for Medical Exemption from Required COVID-19 Vaccinations Part I

Please complete parts I and II for the medical exemption form:

1) TO BE COMPLETED BY STUDENT

I, the undersigned Doane University student, request a medical exemption from the COVID-19 vaccine as supported by my medical provider.

| | | | |
|-------------------|-----|-------------|------|
| Student Signature | DOB | Student ID# | Date |
|-------------------|-----|-------------|------|

Student Name (Printed) Home Address

City/State/ZIP

Phone #

2) TO BE COMPLETED BY MEDICAL PROVIDER

This section is to be completed and signed by a licensed medical professional (M.D., D.O., PA-C, or APRN) who is or who works in the same practice as the student's primary care provider, and documents the provider's professional opinion that the COVID-19 vaccination would be harmful to the student or would pose risk to someone within the student's household.

In my opinion, the required immunization would be harmful to the student or would pose a risk to someone within the student's household.

| | | |
|------------------------|-----------|-------------|
| Practitioner Signature | License # | Date Signed |
|------------------------|-----------|-------------|

Practitioner Name (Printed)

Address

City/State/ZIP

Phone



Request for Medical Exemption from Required COVID-19 Vaccinations Part II

Vaccination Exemption Acknowledgement of Responsibility Agreement

If I choose not to be vaccinated, I accept the following consequences associated with this decision. I **acknowledge this by initialing the following statements (X and check marks are not accepted.)**

____ I agree to engage in reasonable risk mitigation strategies as recommended by the university, which may include wearing a mask, avoiding close contact, and any screening/testing procedures required for those who are not vaccinated.

____ I agree to promptly notify Doane University Student Health Services if I have symptoms of COVID-19, test positive for COVID-19, or have a suspected exposure to COVID-19.

____ I agree to isolate or quarantine on- or off-campus if required by Student Health Services or the local health department.

____ I understand that in the occurrence of an outbreak, I may be asked to leave campus for my own safety until the threat is mitigated.

____ I agree to assume the risk of potential exposure to, and illness from, COVID-19 and to hold Doane University and its employees harmless from the consequence or effects of such exposure and illness.