



## **SCU Faculty & Staff Request for Medical Exemption from COVID-19 Vaccination**

Full Name: \_\_\_\_\_

SCU ID #: \_\_\_\_\_

I request a medical exemption from the COVID-19 vaccination requirement due to contraindication to the vaccination. I have written documentation from my healthcare provider detailing the medical contraindication, which I will readily provide to SCU upon request.

By signing this declaration, I verify and acknowledge the following:

- I consent to the university advising my supervisor of my vaccination status and understand my supervisor may ask me about my vaccination status to ensure compliance with health and safety regulations and protocols.
- I have read the [Centers for Disease Control and Prevention](#) education materials explaining COVID-19 and vaccines.
- I understand the benefits and the risks of the COVID-19 vaccines.
- I understand the risk of contracting COVID-19.
- I understand the risk of transmitting COVID-19 to others.
- I understand that infectious illness can spread easily in a school environment. I understand that being unvaccinated can put me, and possibly others, at greater risk of serious personal illness and/or medical complications, including death, that may result from an infectious illness outbreak.
- I understand that by remaining unvaccinated, I am subject to current health and safety requirements pursuant to local, state, and/or federal health orders as well as health and safety protocols established by SCU. These may include but are not limited to continued COVID-19 testing; symptom check and screening; face masks; and physical distancing, isolation, and/or quarantining requirements. Information regarding any required precautions will be made available by SCU and may be modified, updated, or replaced from time to time as circumstances and legal requirements evolve. Information reflecting my immunization status may be used by SCU for these purposes.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_