

COVID-19 VACCINE EXEMPTION PROCESS

Students may request an exception from COVID-19 vaccination for medical or religious reasons by submitting the COVID-19 Vaccine Exemption Request Form and following the additional processes noted below. Exemption Requests must be submitted to Health Services a minimum of 4 weeks before the date the student wants to arrive on campus.

The College will consider all information submitted in support of an exemption request and, as required, will engage in a good-faith interactive process in determining whether the exemption request should be granted. In some cases, the College may request additional documentation in support of an exemption request.

Medical Exemption

For a medical exemption to be considered, the Request Form must be submitted along with a certified statement signed by an advanced care medical provider who is licensed to practice medicine in the United States, stating that in his/her expert opinion, the COVID-19 vaccination would be injurious to the health and well-being of the student and explaining the reason why.

Religious Exemption

For a religious exemption to be considered, the Request Form must be submitted along with a detailed explanation of the religious belief or practice that conflicts with receiving the COVID-19 vaccine. Supporting documentation, such as doctrinal statements and letters from clergy, are encouraged but not required.

Completed Exemption Form Submission Process: Upload the completed Exemption Form via the Gettysburg College Student's Medical Patient Portal – Upload – COVID-19 Vaccination Exemption Form:

<https://gettysburg.medicatconnect.com>

Or Fax: 717-337-6978

GETTYSBURG COLLEGE
COVID-19 VACCINATION EXEMPTION REQUEST FORM

As a safety initiative for our campus and surrounding community, Gettysburg College has mandated that students be vaccinated against COVID-19 in order to participate in classes or on-campus work during the Summer of 2021 and the 2021-22 academic year. Unless an exemption is granted by the College, each student must be fully-vaccinated and must submit proof of vaccination to the College.

Name: _____ **Date:** _____

E-mail: _____

I am requesting (check one or both): Medical exemption Religious exemption from the College's COVID-19 Vaccine mandate.

Medical exemption is permitted for students who have a history of previous allergic reactions to vaccines and documented allergy testing confirming an immediate hyper-sensitivity to a component of the COVID-19 vaccines. A medical exemption may also be granted for students who have other medical contraindications. The Statement in Support of this Request form provided in this document, signed by your Medical Provider, must be submitted along with the signed Request Form to be considered for approval of a Medical Exemption.

A religious exemption is permitted where a student's sincerely-held religious belief conflicts with the vaccine requirement. The student must describe sincerely held belief(s) and/or specific tenet(s) of their religion that conflict with receiving the COVID-19 vaccine. Supporting documentation (doctrinal statements, letters from clergy, etc.) is encouraged but not required. The description and supporting documentation, if any, must be submitted with this Request Form.

By my signature below, I confirm that the information provided in this COVID-19 Vaccine Exemption Request Form and in the documents submitted in support of my exemption request are true and accurate. I acknowledge that submission of false or misleading information may subject to me sanctions pursuant to the (name the student code of conduct).

Student Signature

**STATEMENT IN SUPPORT OF REQUEST
FOR MEDICAL EXEMPTION TO COVID-19 VACCINE**

Student Name: _____

Provider Name (MD, DO, CRNP, PA): _____

Physician Phone Nbr: _____

Dear Physician,

Gettysburg College has mandated the COVID-19 vaccine for its students. The above-named student is requesting a medical exemption from this mandate. A medical exemption is permitted for students who have a history of previous allergic reactions to vaccines and documented allergy testing confirming an immediate hyper-sensitivity to a component of the COVID-19 vaccines or who have other documented medical contraindications. Please complete the information below. Should you have any questions, please contact Health Services at 717-337-6970.

The above-named student has been under my care since _____ . In my opinion, the student should not be immunized for COVID-19 because the vaccine will be injurious to the student for the following reasons:

Please attach supporting documentation.

I certify that the information provided herein is true and accurate.

Physician Signature

Date

State and Medical License No. _____