

2022-2023 Academic Year Request for Medical Exemption from COVID-19 Vaccine Requirement

Student/Employee Section

Complete the following information

Affirmed name _____ Legal last name _____

Student/Employee ID _____

E-mail Address _____

Best Phone Number _____

Provider Section

A licensed physician, physician assistant, or nurse practitioner must complete and sign this section. Forms completed by the student/employee **will not** be accepted.

Physician/Provider Instructions

Guidance for medical exemptions for COVID-19 vaccination can be obtained from the Advisory Committee on Immunization Practices (ACIP) available at www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html.

Reason for medical exemption _____

Provider's Name _____

Provider's Signature _____ Date _____

Provider's License No _____ Provider's Phone _____

Submit completed documentation to Med+Proctor at www.medproctor.com

Questions? Contact StudentHealth@chatham.edu