



Covid-19 Vaccine Medical Exemption Request

Mandatory COVID-Vaccine Policy

Michigan State University requires all faculty, students, and staff to be fully vaccinated against COVID-19. Universal vaccination of students, faculty and staff against COVID-19 will significantly reduce the risk of transmission of COVID-19 on campus and in the surrounding communities and is the clearest path to the resumption of full on-campus living and learning. This form should be used by faculty, students, and staff needing an exemption from the mandatory vaccine requirement due to a medical condition that prevents them from getting the COVID-19 vaccine. This form also applies to students and employees seeking a deferment for medical, pregnancy, or breastfeeding related reasons. Exemption requests for any of these reasons must be submitted **on or before Aug. 31, 2021**. While waiting for an exemption decision, students and employees must wear a face covering on campus, participate in the Early Detection Program, and quarantine if exposed to COVID-19.

If approved, the employee or student acknowledges they will comply with the Directives for unvaccinated individuals with exemptions, including wearing a face covering indoors, participating in the Early Detection Program and quarantining if exposed to COVID-19.

Section I: To be completed by employee or student and parent or guardian (if student is under 18)

Last Name _____ First Name _____ Middle Initial _____

Email _____ Date of Birth _____ MSU ID # (APID or ZPID) _____

The undersigned understands the content of the Medical Exemption Request and the University’s COVID-19 Vaccination Directives, has had the opportunity to ask questions about it, and verifies the truth and accuracy of the statements in this Medical Exemption Request.

Upon expiration of the deferment, or if earlier, upon cessation of the medical condition or contraindication, the undersigned agrees to receive the COVID-19 vaccination and submit proof of vaccination status.

If student is less than 18 years old the request must be signed by both the student and the parent or guardian.

Employee Signature: _____ Date: _____

Student Signature: _____ Date: _____

If student is under 18,

Signature of parent or guardian: _____ Date: _____

Section II: Medical Exemption Request (to be completed by medical provider)

Medical Provider Certification of Contraindication: I certify that my patient (named above) should



not be vaccinated against COVID-19 because they have one of the following [contraindications as set forth by the CDC](#). [Complete the appropriate section and sign the bottom of the form].

Documented anaphylactic allergic reaction or other severe adverse reaction to any COVID-19 vaccine – e.g., cardiovascular changes, respiratory distress, or history of treatment with epinephrine or other emergency medical attention to control symptoms. Generally does not include gastro-intestinal symptoms as the sole presentation of allergy. Describe the specific reaction:

Documented allergy to a component of the COVID-19 vaccine – does not include sore arm, local reaction or subsequent respiratory tract infection. Describe the specific reaction:

Medical Provider Certification of Medical Exemption: I certify that the patient identified above cannot safely receive the COVID-19 vaccination due to:

Other documented medical condition. Note that the medical condition must constitute a disability under the Americans with Disabilities Act. Explain in detail the medical condition and the reasons why you believe the patient should not receive the COVID-19 vaccine:

Medical Provider Certification of Deferment: I certify that the patient named above is requesting a deferment of the COVID-19 vaccine due to:

A limited term inability to receive the COVID-19 vaccination (such as due to receipt of Monoclonal antibody or convalescent plasma for the treatment of COVID-19 in the last 90 days, pregnancy, or breastfeeding).

Important Note: [Guidance from the CDC](#) currently states that pregnant and breastfeeding people can get the COVID-19 vaccine. The CDC also notes that pregnant and recently pregnant people are more likely to get severe illness and/or suffer preterm birth with COVID-19 compared with non-pregnant people. Those who are pregnant, or breastfeeding can receive a COVID-19 vaccine and getting the COVID-19 vaccine during pregnancy can protect from severe illness and pre-term birth from COVID-19.

Expiration of deferment: _____

Signature of Healthcare Provider: _____ License # _____

Name (print): _____ Address/Clinic Stamp: _____ Phone: _____

Please submit this form to medicalexemption@msu.edu.