



COVID-19 VACCINATION EXEMPTION FORM FOR CLINICAL SITES

Instructions: Complete this form and attach all requested documents to obtain a medical or religious exemption from the COVID-19 vaccination requirement, and submit to the clinical coordinator.

My request is based on the following:

_____ **Medical:** Medical exceptions to immunization are available to clinical students who have medical contraindications, precautions or other medical conditions/disabilities for which a licensed health care provider certifies that the individual is unable to receive the vaccine. Medical contraindications for immunizations are determined by the most recent recommendations of the U.S. Department of Health and Human Services, which is contained in the Centers for Disease Control and Prevention publication, the Morbidity and Mortality Weekly Report. A *contraindication* is a condition in a recipient that increases the risk for a serious adverse reaction. A *precaution* is a condition in a recipient that might increase the risk for a serious adverse reaction or that might compromise the ability of the vaccine to produce immunity. **Attached is my medical certification for the vaccine exemption that has been completed and signed by a licensed health care provider.**

_____ **Religious:** A religious exemption requires a signed written statement describing the reason for the exemption. **Attached is my signed written statement that must include (1)** An explanation of the reason for exemption in my own words; **(2)** A description of the religious principle that guides my objection; **and (3)** An indication of whether this religious belief constitutes my objection to all immunizations or only this vaccine; if it is not an objection to all immunizations I must explain the religious basis for not receiving this particular immunization.

Delgado Community College’s Allied Health and Nursing programs and its affiliated clinical facilities have strongly recommended that I receive the COVID-19 vaccination to protect the faculty, staff, students, and patients I serve.

I acknowledge that I am aware of the following facts:

- COVID-19 is a serious disease that has resulted in critical illness and death of hundreds of thousands of persons in the United States since the start of the pandemic. The COVID-19 vaccination is strongly encouraged for me and all other health care providers to protect students, faculty, staff, patients, and others from COVID-19 infection, illness, complications, and death. Health care employers have mandated all health care personnel to get vaccinated against COVID-19 in alignment with current recommendations for immunization by public health officials.
- To protect all patients, communities and personnel from the known and substantial risks of COVID-19, the American Hospital Association (AHA) strongly urges the vaccination of all health care personnel. COVID-19 vaccines protect health care personnel when working both in health care facilities and in the community. They provide strong protection against workers unintentionally carrying the disease to work and spreading it to patients and peers.
- If I contract COVID-19, I can shed the virus before symptoms appear. Even if my symptoms are mild or non-existent, I can spread it to others who can become seriously ill and result in death.
- Any student who chooses to decline the COVID-19 vaccine will be required to follow the clinical facility’s COVID-19 testing policy for non-vaccinated staff and provide a negative test result prior to being allowed to attend clinical experience at any clinical site. **Over the counter (OTC) at home tests are not permitted.**
- Testing is my responsibility including cost if not available by a partner clinical agency or other free testing option. I am responsible to purchase and wear an N-95/KN-95 mask at all times when in clinical.
- For any student who is not vaccinated, make-up hours and clinical progression are not guaranteed. Delgado cannot guarantee clinical rotations or patient assignments will be provided based on vaccination status.
- By declining the COVID-19 vaccination, I agree to adhere to the policies of the college and/or clinical site that I am assigned to for my clinical experience. I can change my mind at any time and accept the COVID-19 vaccination, if vaccine is still available. **I have read and fully understand the information on this exemption form.**

SIGNATURE: _____ **DATE:** _____

NAME (Print): _____ **LOLA ID #:** _____

DIVISION: _____ **Nursing** _____ **Allied Health** _____ **Other**

Review Committee (VCASA, Chair; Student’s Division Dean; Appointed Dean) Final Decision: _____ **Approved** _____ **Disapproved** **Date:** _____