DAVIDSON

Davidson College Center for Student Health & Well-Being

COVID-19 Vaccine Medical Exemption Form

Section I: To be completed by student or guardian (if student is under 18 years old)
Please see the CDC guidance regarding contraindications for COVID-19 vaccines.

Last name	First name	Date of Birth	Graduation class	Student ID #

Section II: 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 due to one of the following contraindications below:

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 systems. Generally does not include gastro-intestinal symptoms as the sole presentation of allergy. Describe the specific reaction:

_____
_____
_____

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

_____
_____
_____

Other documented contraindication. Please explain: *Information may be reviewed by Infectious Disease consultants*.

_____
_____
_____

Signature of Healthcare Provider:	Date:
Name (print)	
Signature	Phone:
Address or clinic stamp:	

Students with an approved COVID-19 exemption may be required to comply with routine COVID-19 testing and other preventative measures such as distancing, masks, isolation and quarantine and other health and safety protocols by virtue of your unvaccinated status that may not apply to vaccinated students and that this treatment is based solely on your unvaccinated status. Any such action is to protect your health and the health of the College community.

Once completed, students should upload the signed form to the student health portal and click on "Documentation Upload"
Questions: please contact the Center for Student Health & Well-Being at 704-894-2300 or email at studenthealth@davidson.edu