

Woodbury University COVID-19 Vaccination Policy

Woodbury University students are required to be up to date with their COVID-19 vaccinations and submit proof of vaccination status as it is a condition of enrollment. Being up-to-date with your COVID-19 vaccines indicates that you have received all doses in the primary series and all boosters recommended for you, when eligible. The recommendation for booster doses will vary based on your age, health status, what vaccine you first received, and when you first got vaccinated.

Students may request an exemption if they cannot receive the vaccine because of a medical contraindication.

If the student is under the age of 18, this attestation should be signed by both the student and their parent/guardian. If more space is needed, please use the back of this page.

Full Name: _____ **Date of Birth:** _____ **WU ID: P000** _____

Campus Burbank San Diego

The individual identified above has the following medical contraindication recognized by the CDC for COVID-19 vaccination.

Exemption:

- Severe allergic reaction (e.g., anaphylaxis) after a previous dose of the COVID-19 vaccine.
- Immediate allergic reaction to any component of the vaccine, particularly polyethylene glycol (PEG) vaccine or polysorbate -80 which is defined as any hypersensitivity-related signs or symptoms consistent with urticaria, angioedema, respiratory distress (e.g., wheezing, stridor), or anaphylaxis that occur within four hours following administration.
- Immediate allergic reaction to a vaccine or injectable therapy which is defined as any hypersensitivity-related signs or symptoms consistent with urticaria, angioedema, respiratory distress (e.g., wheezing, stridor), or anaphylaxis that occur within four hours following administration.
- Other medical contraindication (specify in description section below)

Description of reaction:

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. If you are pregnant or breastfeeding, you can receive a COVID-19 vaccine. Getting a COVID-19 vaccine during pregnancy can protect you from severe illness and pre-term birth from COVID-19. CDC Updated June 29, 2021

Pregnancy/Breastfeeding

Expiration of deferment: _____

I certify that the individual identified above cannot safely receive COVID-19 vaccinations due to the following medical condition

Health Care Provider Notes:

* If you have a note from your HCP, please make sure that all the needed information is available and attach it to this form

Health Care Provider's Name (please print): _____ **MD, DO, PA or NP (please circle)**

License #: _____ **Address:** _____

Telephone number: _____

Practitioner Name/ Stamp (If available): _____

Signature of Authorized HCP: _____ **Date:** _____

Individual Attestation (Parent/Guardian if less than 18 years old)

By signing this Medical Exemption Request, the individual, and, if a minor, their parent or legal guardian, attests that they cannot receive COVID-19 vaccinations because of the medical contraindication described above.

Individual and, if a minor, their parent or legal guardian, acknowledges that an unvaccinated individual is at greater risk of becoming ill with COVID-19.

If / when the individual no longer has a medical contraindication to COVID-19 vaccinations, they agree to receive COVID-19 vaccinations and submit proof of vaccinations.

The undersigned understands this Medical Exemption Request and has had the opportunity to ask questions about it. The undersigned verifies the truth and accuracy of the statements in this Medical Exemption Request.

Signature: _____ **Date:** _____

Parent/Guardian Signature (if individual is under 18 years old): _____

FOR USE BY WOODBURY UNIVERSITY STAFF ONLY

Date Received: _____

Reviewer Name (Print): _____

Date Approved: _____

Date Denied: _____

Reviewer Signature: _____

Instructions: Submit this document to COVID19Exempt@woodbury.edu