COVID-19 VACCINATION MEDICAL EXEMPTION REQUEST FORM

Many clinical sites have added the COVID-19 vaccination to the list of required vaccinations (ex. influenza, MMR, etc.) for all individuals affiliating there consistent with the Advisory Committee on Immunization Practices of the Centers of Disease Control and Prevention (CDC) which recommends that all adults, especially those in healthcare settings, receive COVID-19 vaccine as it has been proven to be extremely safe and highly effective at preventing COVID-19 infection, severe disease, hospitalization, and death.

If requesting a medical exemption, complete and return this three (3) page form with any attachments no later than 9/23/2021. Students may save or scan this completed form and any attachments into a pdf file and submit to healthrecords@middlesex.mass.edu . Questions may be addressed to healthrecords@middlesex.mass.edu. The College will review your request and notify you whether it has been approved.

Clinical sites that permit College-approved exemptions will require additional health and safety protocols including, but not limited to, the following:

- wearing a surgical mask (or N95 mask if site allows) at all times, except when in a room alone, or when eating or drinking, in which case, you must be six (6) feet apart from all other people;
- wearing eye protection (face shield or goggles) when working directly with patients or coming within six (6) feet of patients.
- participating in surveillance testing.

Please note that some clinical sites may not permit College-approved exemptions and/or require additional exemption processes or requirements for clinical students. Therefore, a student who is approved by the College for an exemption and is enrolled in a healthcare program that requires multiple clinical internships during their course of study may be placed at a clinical site that does not accept unvaccinated students with exemptions approved by the College. Additionally, in the event of an outbreak of a vaccine preventable disease, the clinical site retains the authority to prevent students from participating - even with an "approved" exemption - until the risk of disease transmission has subsided. A student who is unable to be placed, or is unable to participate due to an outbreak, as a result of their exemption, may not be able to complete their course of study in their respective healthcare program without vaccination.

If an exemption is denied by the College, students will be required to be vaccinated in order to be eligible for clinical placement.

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TO BE COMPLETED BY STUDENT REQUESTING MEDICAL EXEMPTION:

- I hereby affirm the truthfulness of the information contained on this form.
- I reviewed the informational COVID-19 Vaccine materials provided through the CDC COVID-19 Vaccine information website.
- I voluntarily authorize MCC to release my medical exemption request to any and all clinical partner sites where I may be placed for clinical internship(s) as a student.
- I understand that the information I have provided will be maintained confidentially, except that MCC may authorize certain employees and/or agents, including clinical sites, to review the information for purposes of addressing my exemption request.

Name:		ID#:		DOB:	
Program:		☐ Freshman ☐ Senior			
Department Chair:		Do you provide direct patient care?		☐ Yes ☐ No	
Student Signature:			Date:		

TO BE COMPLETED BY STUDENT'S HEALTH CARE PROVIDER:

Your patient is a student in a healthcare program with contracted clinical sites that require the COVID-19 vaccination and is requesting a medical exemption from the COVID-19 vaccination. If your patient has a medical condition that in your professional judgement would qualify them for exemption from the COVID-19 vaccination requirement based on the criteria described below, please complete this form and attach any related medical documentation.[1] Requests will be reviewed on a case-by-case basis. Clarification and/or additional documentation may be needed.

Medical exemption may be allowed for individuals with a recognized contraindication to the COVID-19 vaccines offered, a documented history of anaphylaxis or an immediate allergic reaction after a single dose of any of the COVID-19 vaccines necessitating a 2-dose series, and on a case-by-case basis, for individuals who developed a rare severe adverse reaction that has been medically documented by a healthcare provider. In addition, medical exemptions will be considered for individuals who are currently pregnant or who received a COVID-19 monoclonal antibody treatment for acute COVID-19 illness. Medical contraindications and Precautions for immunizations are based on the most recent General Recommendations of the Advisory Committee on Immunization Practices (ACIP)/CDC, available at https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html or https://www.cdc.gov/vaccines/covid-19/index.html or https://redbook.solutions.aap.org/redbook.aspx

By my signature below, I certify that I am a physician (M.D. or D.O.) licensed to practice medicine or an advanced practice nurse licensed in a jurisdiction of the United States and that:

[1] The presence of a moderate to severe acute illness with or without fever is a precaution to administration of all vaccines. However, as acute illnesses are short-lived, medical exemptions should not be submitted for this circumstance.

MIDDLESEX Community College
Student Success Starts Here

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I have read the above information and that **[insert student name]**_____ is under my care and should **not** be vaccinated against COVID-19 for the following reason(s):

☐ Recognized contraindication to COVID-19 vaccination (please mark which one):

- ☐ Documented allergy to polyethylene glycol (PEG)
- ☐ Documented allergy to polysorbate
- ☐ Documented anaphylaxis or severe immediate allergic reaction to a dose of an mRNA COVID-19 vaccine (e.g. Pfizer-BioNTech or Moderna)
- ☐ Documented anaphylaxis or severe immediate allergic reaction to a dose of an adenovirus vector vaccine (e.g. Johnson & Johnson or AstraZeneca)
- ☐ Other severe reaction (explain below)

☐ Currently pregnant **Anticipated Due Date:** _____.

☐ Receipt of COVID-19 monoclonal antibody treatment **Date of infusion:** _____

☐ Diagnosis of Multi-system Inflammatory Syndrome-Adults (MIS-A) *(accompanying medical documentation required)*

☐ Other medical condition that makes COVID-19 contraindicated (please describe in space below and provide accompanying documentation)

I am a physician (M.D. or D.O,) licensed to practice medicine or an advanced practice nurse licensed in a jurisdiction of the United States. By signing below, I affirm that I have reviewed the current CDC/ACIP Contraindications and Precautions and affirm that the stated contraindication(s)/precaution(s) for my patient is enumerated by the CDC/ACIP and consistent with established national standards for vaccination practices. I may be asked to submit additional supporting medical documentation on behalf of the above-named student-patient

Healthcare Provider Name (please print): _____ Specialty:_____

NPI Number:_____ License Number:_____ State of Licensure: _____

Phone:_____ Fax: _____Email:_____

Address:_____City:_____ State:_____ Zip:_____

Signature:_____ Date:_____