



# NORTHERN MICHIGAN UNIVERSITY

## Request for Medical Exemption of Mandatory COVID Vaccine Policy

Northern Michigan University reserves the right to implement a mandatory COVID vaccination policy for students and employees during the 2021-22 academic year if safety to public health demands it, one is federally or state mandated, or NMU is ordered to do so by the Marquette County Public Health Department. At the start of the Fall 2021 semester, Northern Michigan University did not have a mandatory COVID vaccination policy, except for some limited situations.

*Students who require clinical, practicum, or student teaching hours outside the university:* Placement with outside agencies is dependent on compliance with their policies and procedures and NMU has no control over these external agency requirements. These agencies have always required multiple vaccinations, such as Hepatitis B, Tetanus, and Measles, and most already require COVID-19 vaccination. Because outside placement hours are often required in accredited programs, it may not be possible for an unvaccinated student to complete degree requirements unless or until COVID-19 vaccination requirements are lifted from outside agencies. Clinical/practicum hours are required in most health and education degrees. If you are unsure if your degree requires clinical or practicum hours, contact your advisor.

**Students and employees must use this form if you are requesting an exemption from Northern's limited COVID vaccination requirements due to a medical condition that prevents you from getting the vaccine.** Exemption requests must be submitted to the NMU Health Center (ground floor, Gries Hall, [healthcenter@nmu.edu](mailto:healthcenter@nmu.edu)) for review and approval by the Center's medical director. The approval process can take up to 14 days to complete.

While waiting for an exemption decision, and if the University approves the exemption request, you must wear a facial mask when indoors of any NMU facility; must quarantine if exposed to COVID-19 and comply with any other University-required mitigation measures.

### Exemption Request Instructions

**Semester for Exemption (circle one):** Fall 2021   Winter 2022   Fall/Winter, 2021-22   All semesters at NMU

**You will need to submit Part 1 – Certification, to be filled out by the requestor and Part 2- Medical reasoning, to be filled out by a medical provider. Requests that do not have both Part 1 and 2 will be denied.**

#### Part 1 – Certification by Requestor

By signing below, I certify that the information contained in this Medical Exemption Request form is true and accurate. I also acknowledge the following known risks and conditions:

- The CDC reports that a COVID-19 vaccination makes it less likely for persons to contract COVID-19, reduces the likelihood of becoming seriously ill if COVID-19 is contacted, and may help prevent the spread of the virus. I understand and acknowledge that certain dangers may be posed by remaining unvaccinated against COVID-19 and assume full responsibility for the risk of bodily injury, death, disease, or any other damage of any nature.
- I agree to abide by the specific requirements placed by the State of Michigan and adopted by Northern Michigan University as a condition to on-campus activities, currently including:
  - Unvaccinated persons must continue to wear face masks and socially distance in NMU building spaces, except as allowed in private offices or residences.
  - Unvaccinated persons are required to quarantine after exposure and isolate if diagnosed with COVID-19. The time period required for quarantine or isolation, often up to or exceeding 14 days, may result in missed instructional time or other educational and/or NMU employment opportunities.

- Unvaccinated persons may not be allowed to attend classes or report to NMU jobs during the course of a significant disease outbreak.
- Unvaccinated persons must self-assess each day for COVID-19 symptom and exposure before reporting to campus. In addition, unvaccinated persons must complete a weekly questionnaire to confirm symptom and exposure self-assessment.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Birthdate: \_\_\_\_\_ NMU IN: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent's Signature for students younger than 18 years old: \_\_\_\_\_



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## COVID-19 Vaccination Medical Exemption Request Part 2 – Medical Documentation

To be completed by a medical provider who is a licensed and qualified D.O., M.D., Physician's Assistant, or Nurse Practitioner.

NMU Student Name: \_\_\_\_\_

Medical Provider Certification of Contraindication for Exemption: I certify that my patient (named above) should not be vaccinated against COVID 1-9 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:

Other documented medical condition. 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 Temporary Contraindication for Deferment:** I certify that my patient (named above) should not be vaccinated against COVID-19 for the period described below due to a temporary medical condition (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).

My patient should not receive the COVID-19 vaccine until \_\_\_\_\_ (insert date) for the following reason:

Signature of Healthcare Provider: \_\_\_\_\_ License # \_\_\_\_\_

Name (print): \_\_\_\_\_ Phone: \_\_\_\_\_

Address/Clinic Stamp: \_\_\_\_\_