



Standard Health Care Services Inc. College of Nursing
7704 Leesburg Pike, Suite 1000, Falls Church VA 22043
Telephone: (703) 891-1787 Fax: (703)891-1789
www.standardcollege.edu

Student Request for Medical Exemption from COVID-19 Vaccination Form

Standard College policy requires that all students receive a COVID-19 vaccination. A medical exemption may be granted upon receipt of a completed form (below) not more than 6 months old, signed and certified by a physician not related to the submitters, and whose specialty is appropriate to the associated condition that includes the following:

Medical exemptions expire when the medical condition(s) contraindicating COVID-19 vaccination changes in a manner which permits vaccination or upon graduation. The assigned expiration is at the sole determination of Standard College.

A medical exemption from the COVID-19 immunization may be allowed if a student's physician provides a detailed letter indicating why this immunization is medically inadvisable. This letter is reviewed by Standard College, who will determine if the medical condition meets criteria for exemption in accordance with the most up-to-date CDC recommendations. The CDC's guidance on vaccination of persons with underlying conditions can be found [here](#). The documentation may be provided to a qualified physician for independent medical review.

Individuals with an approved exemption will be required to comply with additional testing and other preventive requirements as specified in the exemption approval and as may be updated by later notification and/or posting of requirements on the Standard College website.

Standard College will carefully review all requests, though approval is not guaranteed. After your request has been reviewed and processed, you will be notified, in writing, if an exemption has been granted. If the approved exemption contains an expiration, you will be expected to complete the requirement at that time. Should the condition continue, or a new vaccination contraindication occurs, or the current exemption expires, a new request with updated documentation is required. Decisions are final and not subject to appeal. Individuals are permitted to reapply if new documentation and information should become available.

In order to submit a request, please:

- **Read the [CDC COVID-19 Vaccine Information](#);**
- **Complete the following page of this form;**
- **Have your Licensed Health Care Provider complete the provider section of this form;**
- **Submit the completed documents to hettus@standardcollege.edu**

Note: Incomplete submissions will not be reviewed. Be sure all forms and documentation are submitted at one time.

Standard College is committed to building an inclusive, equitable and diverse community. Standard College will not discriminate or retaliate against a student who requests a religious or medical exemption for the COVID-19 vaccine.



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Initial next to each of the statements below:

	I request exemption from the COVID-19 vaccination requirements due to my current medical condition . I understand and assume the risks of non-vaccination. I accept full responsibility for my health, thus removing liability from Standard College to the required vaccination.
	I understand that as I am not vaccinated, in order to protect my own health and the health of the community, I will comply with additional COVID-19 testing requirements and other preventive guidance.
	I acknowledge that I have read the CDC COVID-19 Vaccine Information .
	I understand that this exemption will expire when the medical condition(s) contraindicating vaccination changes in a manner which permits vaccination.
	I understand and agree to comply with and abide by all Standard College COVID-19 policies and procedures.
	I understand that this exemption is only valid for the approved period and I may need to submit a new request for any subsequent changes, new medical contraindications, or on expiration of an approved exemption.
	I authorize my licensed health care provider to provide Standard College with medical information about my medical exemption for the COVID-19 vaccination. We likely will need to provide a form to the student to sign and provide to his doctor so that his doctor will provide the School with the requested info.
	I understand that Standard College may require a qualified physician to independently review the medical information that I have provided. I understand that such review shall be kept confidential by Standard College, provided that Standard College will provide me with documentation summarizing the physician's independent review and, if applicable, the basis for their conclusion for disagreeing with my health care provider's basis for certifying that a medical exemption is warranted.
	I certify that the information I have provided on and in connection with this request is accurate and complete as of the date of this submission. I understand this exemption may be revoked and I may be subject to Standard College disciplinary action if any false information has been used to request an exemption.

Printed Name: _____

Signature: _____

Date: _____



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Option 3 - Other

__ Other. Please provide this information in a separate narrative that describes, in detail, the medical condition or disability in detail that you opine would exempt this individual from vaccination:

Explanation:

Certification

I certify that _____ (patient name) has the above contraindication and support the request for a medical exemption from the COVID-19 vaccine requirement at Standard College.

Provider Information

Medical Provider Name: _____
Medical Provider Specialty: _____
Signature: _____
Provider License Number: _____
Date: _____

Patient Information

Patient Name: _____
Date: _____