



COVID-19 Vaccination Exemption

Cabrini University's COVID-19 vaccination requirement applies to all students and employees. If seeking exemption from this vaccination requirement, this COVID-19 Vaccination Form must be completed and submitted to healthservices@cabrini.edu by **August 1 (Fall) or January 1 (Spring)**.

A valid exemption upon the basis of medical condition or religious belief (strong moral conviction) may be granted upon receipt of this completed form dated not more than six (6) months previously. Approvals will come from the Director of Health Services. If seeking medical exemption, the appropriate section of this form must be signed and certified by a licensed healthcare provider not related to the exemption seeker and whose specialty is appropriate to the associated condition that qualifies for an exemption.

By signing the form below, the exemption seeker understands that unvaccinated persons may be subject to mitigation requirements not applicable to those who are vaccinated, including but not limited to regular testing and restricted access to specific high-density locations/buildings, including residential buildings (to which an exempted student is not assigned), seating at dining facilities, and the Dixon Recreation Center.

Complete all information below on behalf of the person named. This form may not be altered.

Name (Last, First)

8-digit ID #

I am seeking an exemption for: Primary vaccination

Booster

MEDICAL EXEMPTION: COVID-19 Vaccination

In signing this form, I attest that the person named has a valid medical condition (listed below) that precludes or contraindicates COVID-19 vaccination.

Medical reason for exemption:

Print Name of Health Care Practitioner

(_____) _____
Telephone

Print Name of Health Care Practice

Website or Work Address

Signature of Health Care Practitioner

_____/_____/_____
Date

**Signature of Cabrini Student/Employee
(or parent if under 18 years of age)**

_____/_____/_____
Date

RELIGIOUS/STRONG MORAL CONVICTION EXEMPTION: COVID-19 Vaccination

Please note, Pope Francis has gone on record promoting vaccines for all, especially those most vulnerable: <https://www.youtube.com/watch?v=hTjPipTquT4>

In signing this form, I attest to holding religious beliefs, or strong moral or ethical convictions similar to religious beliefs that are opposed to this immunization. I acknowledge that I have reviewed evidence-based educational material regarding this vaccine, including information about the risks of adverse reactions to this vaccine, information that failure to complete the required vaccination schedule increases risk to the unvaccinated person and others of contracting or carrying a vaccine-preventable infection, and information that there are persons with special health needs who are unable to be vaccinated or who are at heightened risk of contracting a vaccine-preventable communicable disease and for whom such a disease could be life-threatening.

Please explain in your own words why you are seeking an exemption:

**Signature of Student/Employee
(or parent if under 18 years of age)**

(____)____ /____/____
Mobile phone Date