Student Wellness Services – Health
Request for COVID-19 Vaccination Medical Exemption Form
Central Connecticut State University

<table>
<thead>
<tr>
<th>Name:</th>
<th>Banner ID:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth:</td>
<td>Cell Phone Number:</td>
</tr>
</tbody>
</table>

As the treating healthcare provider, I am requesting that this patient have a medical exemption pertaining to the COVID-19 vaccine. It is my professional opinion that the patient has an underlying medical condition for which the vaccination is contraindicated or the risk of vaccination far outweighs the benefit.

Reason for Medical Exemption: ______________________________________________

Name of Healthcare Practitioner (Print): ______________________________________

Signature of Healthcare Practitioner: _________________________________________

Please provide office stamp below: ________________________________

Given the active pandemic, individuals with an approved exemption for medical reasons may be instructed to wear masks at all times indoors, subjected to testing, remain off campus during a disease outbreak and/or be expected to quarantine. If this were to occur, the College/University will not refund tuition, fees, housing costs or other expenses for students who must leave campus or quarantine.

Student signature: _________________________________________________________

Parent signature: __________________________________________________________
(if student is under the age of 18)

Please submit this form using one of the following options:

- Upload your completed form to the following link:
  https://cesu.medicatconnect.com/
- Email your completed form to sws@ccsu.edu
- Drop your completed form off at the Student Wellness Center located in Willard-DiLoreto Hall Room 101

For any questions/concerns, please call the Student Wellness Center General Inquiries Line at 860-832-1925.