



Central Connecticut State University

Name:	Banner ID:
Date of Birth:	Cell Phone Number:

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://ccsu.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.