



Name _____

Date of Birth _____

University ID _____

REQUEST FOR MEDICAL EXEMPTION FROM UNIVERSITY OF DENVER COVID-19 BOOSTER VACCINATION REQUIREMENT

The Colorado Department of Public Health & Environment (CDPHE), the Colorado Department of Higher Education, and the University of Denver (DU) strongly support requiring full vaccination of students against COVID-19 to return to in-person learning and on-campus activities. Requiring vaccination helps protect the health and welfare of students, faculty, staff, and the surrounding community by limiting the spread of COVID-19 and the rise in variants. Accordingly, DU has required that students, faculty, and staff be fully vaccinated against COVID-19 before returning to campus beginning with the fall term 2021. DU has recently announced that all DU community members who are subject to the vaccination requirement and not already exempted from the COVID-19 vaccine must receive a COVID-19 booster vaccination by January 31, 2022, or as soon thereafter as they become eligible for a booster.

DU recognizes that individuals may have medical reasons for not being able to receive the COVID-19 booster at this time. Accordingly, DU has established a process to consider requests for medical exemptions to the COVID-19 booster vaccination requirement.

To request a medical exemption from the COVID-19 booster requirement, please complete all items on this form and submit the signed form with the required medical statement in the text box below to the Health & Counseling Center (HCC) through the [myhealth.du.edu portal](https://myhealth.du.edu).

Given the active pandemic, in the event of worsening conditions on campus, in the surrounding community, or in the state, individuals with an approved exemption for medical reasons may be asked to remain off campus during a disease outbreak and/or be expected to quarantine. If this were to occur, the University would not refund tuition, fees, housing costs or other expenses for students who must leave campus or quarantine.

MEDICAL EXEMPTION:

- I have provided a medical statement signed by an advanced practice nurse, physician's assistant or physician licensed to practice medicine or osteopathic medicine in any state or territory of the United States indicating that my physical condition is such that vaccination would endanger my life or health or is medically contraindicated due to other medical conditions, characteristics or risk factors. This medical statement must include the time period for which the exemption is required.
- I understand that I must submit a request for a medical exemption prior to January 31, 2022, and thereafter as determined by DU based on changing conditions on campus, in the surrounding community, or the state; changes to public health guidance; and/or developments related to the COVID-19 vaccines.
- I also understand that DU may require individuals who are not fully vaccinated against COVID-19 (as of January 31, 2022, "fully vaccinated" means that two weeks have passed since an individual who meets the criteria for booster eligibility has received the COVID-19 booster vaccination) to follow additional mitigation protocols, such as quarantining before arriving on campus, after travel, or following exposure to COVID-19, more frequent testing, social distancing, and wearing face coverings.

I have had the opportunity to review the information provided by [CDPHE](#) and the [Centers for Disease Control & Prevention](#) about the COVID-19 booster vaccines and how they work, as well as the [benefits of receiving the COVID-19 vaccine](#).

I acknowledge that I have read this document in its entirety and the information I have provided on this form is complete and accurate.

Signature (or Parent/Guardian Signature Individual if is under 18) _____
The University of Denver requires an actual signature. An adobe digital ID will be rejected.

Date signed: _____

Name of Parent/Guardian (if applicable) _____
Relationship to individual: Mother Father Legal Guardian

HEALTH CARE PROVIDER STATEMENT

Please provide information to support that the physical condition of the individual named above is such that the COVID-19 booster vaccination would endanger their life or health or is medically contraindicated due to other medical conditions, characteristics or risk factors. If your recommendation is a delay to the booster dose, please indicate the time window you recommend for the delay. This medical statement must include the time period for which the exemption is required. You may use the space below or submit a separate signed letter meeting the requirements set forth in this form.

Health Care Provider Signature: _____
The University of Denver requires an actual signature. An adobe digital ID will be rejected.

Health Care Provider Name: _____

Health Care Provider License Number: _____ **Date signed:** _____
(Must be an advance practice nurse, physician’s assistant, or physician licensed to practice medicine or osteopathic medicine in any state or territory of the United States)