



UNIVERSITY of
DENVER

STUDENT AFFAIRS & INCLUSIVE EXCELLENCE
Health & Counseling Center

Name:

Date of Birth:

University ID:

REQUEST FOR MEDICAL EXEMPTION FROM UNIVERSITY OF DENVER COVID-19 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. DU has announced that students, faculty, and staff must be fully vaccinated against COVID-19 before returning to campus for the fall term 2021.

DU recognizes that not every individual is in a position to be vaccinated against COVID-19 at this time. Accordingly, DU has established a process to consider requests for certain limited exemptions to the COVID-19 vaccination requirement. DU may reconsider the availability of certain exemptions based on changing circumstances.

To request a medical exemption, please complete all items on this form and submit the signed form and accompanying documentation to the Health & Counseling Center (HCC) through the myhealth.du.edu portal.

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 instructed 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 attached a letter signed by an advanced practice nurse 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. This letter includes the time period for which the exemption is required.

I understand that I must submit a request for a medical exemption to address the vaccination requirement prior to arrival for fall term 2021 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 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 understand that submission of this document does not constitute a request for accommodation related to my employment or my participation in academic or other programs as a student at DU and that I will need to contact

Human Resources & Inclusive Community or Disability Services Program, respectively, to engage in the interactive accommodation process.

I have had the opportunity to review the information provided by CDPHE and the Centers for Disease Control & Prevention about the COVID-19 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 if Individual is under 18) _____

The University of Denver requires an actual signature. An Adobe digital ID will be rejected.

Date _____

Name of Parent/Guardian (if applicable) _____

Relationship to Individual:

- Mother
- Father
- Legal Guardian



Name

Date of Birth

University ID

**REQUEST FOR NON-MEDICAL EXEMPTION FROM UNIVERSITY OF DENVER
COVID-19 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.

DU has announced that students, faculty, and staff must be fully-vaccinated against COVID-19 before returning to campus for the fall term 2021. DU recognizes that not every individual is in a position to be vaccinated against COVID-19 at this time. Accordingly, DU has established a process to consider requests for certain limited exemptions to the COVID-19 vaccination requirement. DU may reconsider the availability of certain exemptions based on changing circumstances.

To request a non-medical exemption, please complete all items on this form and submit the signed form to the Health & Counseling Center (HCC) through the myhealth.du.edu portal.

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 non-medical reasons may be instructed to remain off campus during a disease outbreak and/or be expected to quarantine. If this were to occur, the University will not refund tuition, fees, housing costs or other expenses for students who must leave campus or quarantine.

NON-MEDICAL EXEMPTION:

I am the individual or parent/guardian of the individual named above (if the individual is under 18 years of age), and I am seeking an exemption due to a sincerely held religious or personal belief (as specified below) that prevents me (or my child) from receiving COVID-19 vaccination at this time. Please check all applicable bases:

- I am opposed to receipt of vaccination and immunization against COVID-19 based on a conflict with my sincere religious beliefs.
- I am opposed to receipt of vaccination and immunization against any disease based on a conflict with my sincere religious beliefs.
- I am opposed to the current COVID-19 vaccines because the Food & Drug Administration has approved these vaccines under an Emergency Use Authorization (EUA).
- I am opposed to receipt of vaccination and immunization against COVID-19 based on other reason(s) (Must specify reason(s)):

I understand that I must submit a request for a non-medical exemption to address the vaccination requirement prior to arrival for fall term 2021 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. Individuals who no longer have a valid non-medical exemption will be required to receive and provide proof of COVID-19 vaccination.

I also understand that DU may require individuals who are not fully vaccinated against COVID-19 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 understand that submission of this document does not constitute a request for accommodation related to my employment or my participation in academic or other programs as a student at DU and that I will need to contact Human Resources & Inclusive Community or Disability Services Program, respectively, to engage in the interactive accommodation process.

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

I understand that I may change my mind at any time and accept COVID-19 vaccination in the future.

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 if Individual is under 18) _____

The University of Denver requires an actual signature. An Adobe digital ID will be rejected.

Date _____

Name of Parent/Guardian (if applicable) _____

Relationship to Individual:

- Mother
- Father
- Legal Guardian

