



Covid-19 Vaccine Exemption Request

Butler Community College partners with multiple hospitals and healthcare providers to provide clinical experiences for our students. These clinical partners are now requiring all students be fully COVID vaccinated (as worded by CDC and CMS) or have proper vaccine exemption documentation before being allowed to begin or continue their clinical experiences. Students are instructed to submit their exemption requests to Butler Community College Health Services for review. Please complete the form below making sure to have a licensed independent provider (MD, DO, APRN, PA) complete the attestation.

Forms should be submitted to College Health Services (collegehealth@butlercc.edu).

Name _____ Student ID _____

Medical Exemption Request

Section I: To be completed by student

I request a medical exemption from COVID-19 vaccination based on the following documented contraindication (check all that apply):

- ☐ Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine
- ☐ Immediate allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine
- ☐ Other Contraindications or Medical Conditions, please refer to the CDC informational document located at <https://www.cdc.gov/vaccines/covid-19/downloads/summary-interim-clinical-considerations.pdf>

Please provide/attach any additional information or documentation that may be helpful in processing your medical exemption request. The exemption committee may request additional information or documents as needed to process your request.

- ☐ I understand if I contract COVID-19, I will isolate as appropriate, outlined by CDC at <https://www.cdc.gov/coronavirus/2019-ncov/your-health/isolation.html>.
- ☐ I understand that if diagnosed with COVID-19, I will be prohibited from attending classes or using Butler Community College facilities, and clinical agencies, during CDC recommended time of isolation.
- ☐ I understand the risks of non-immunization and release Butler Community College from any responsibility for adverse consequences of my refusal to be immunized, including but not limited to contracting one or more of these diseases, financial loss, and inability to complete course requirements.
- ☐ I understand and acknowledge that contracting COVID-19 may prohibit myself from completing coursework and clinical requirements resulting in loss of semester credits.

By signing this Medical Exemption Request, the student attests that they have the contraindication or other medical condition described above, and verifies the truth and accuracy of the statements in this request form.

Student Signature: _____ **Date:** _____

Printed Name _____

Section II: Medical Exemption Request (to be completed by a healthcare provider)

Please provide copy of Section I of this form to your healthcare provider attestation

I certify that I have reviewed Section I of the Medical Exemption Request completed by

[Student name]

By signing below, I affirm that I have reviewed the current CDC Contraindications and affirm that the student's stated contraindication is enumerated by the CDC are consistent with established national standards for vaccination practices.

Healthcare Provider Name (please print): _____

Phone: _____ Address _____

Signature: _____ Date: _____

(Note: Signature Stamp Not Acceptable)

Religious Exemption Request

Section I: To be completed by student

I _____ (student name) understand that immunization is an effective way to protect against serious preventable diseases. I also understand the risk of non-immunization, particularly in a health care setting.

I request an exemption from Butler Community College Nursing Program COVID-19 vaccine requirement for the following reason:

☐ **Religious**

Please identify your (a) sincerely held religious belief, observance, or practice, which includes any traditionally recognized religion, or (b) beliefs, observances, or practices which you sincerely hold and that occupy place of importance in your life, comparable to that of traditionally recognized religions that is the basis for your request. (pages may be attached if more space if needed)



Please briefly explain how your sincerely held religious belief, practice, or observance conflicts with the Butler Community College Nursing Programs COVID-19 vaccination requirement. (pages may be attached if more space is needed.

- ☐ I understand if I contract COVID-19, I will isolate as appropriate, outlined by CDC at <https://www.cdc.gov/coronavirus/2019-ncov/your-health/isolation.html>.
- ☐ I understand that if diagnosed with COVID-19, I will be prohibited from attending classes or using Butler Community College facilities, and clinical agencies, during CDC recommended time of isolation.
- ☐ I understand the risks of non-immunization and release Butler Community College from any responsibility for adverse consequences of my refusal to be immunized, including but not limited to contracting one or more of these diseases, financial loss, and inability to complete course requirements.
- ☐ I understand and acknowledge that contracting COVID-19 may prohibit myself from completing coursework and clinical requirements resulting in loss of semester credits.

By signing this Religious Exemption Request, the student verifies the truth and accuracy of the statements in this request form.

Student Signature: _____ **Date:** _____

Printed Name _____