



## COVID-19 Immunization Exemption–Medical

Student's Last Name \_\_\_\_\_ Student's First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Student ID# \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

The School of the Art Institute of Chicago (SAIC) [requires a COVID-19 vaccine](#) for all students who intend to be on campus for any period of time starting in fall 2021. A student may be exempt from the COVID-19 vaccination requirement for medical reasons. See the Centers for Disease Control and Prevention's [guidance regarding contraindications](#) for COVID-19 vaccines. A student may be exempt from vaccination if a licensed healthcare provider, as indicated below, certifies in writing that the COVID-19 vaccination is medically contraindicated. This statement must specify the length of time the immunization may be medically contraindicated and specify the date that the student is permitted to be vaccinated.

### INSTRUCTIONS

A student seeking a medical exemption must submit this form with both parts one and two completed.

Part 1: Healthcare Provider Form (Signed by Healthcare Provider)

Part 2: Student Request for Medical Exemption and Acknowledgement of Responsibility (Signed by the Student)

Upon completion, students should upload the signed forms to the SAIC Health Services Patient Portal at [saic.medicatconnect.com](http://saic.medicatconnect.com).

Please allow at least 10 business days for your request to be reviewed. SAIC's Health Services staff may reach out with questions or for additional information. Submitting a request for an exemption does not guarantee it will be approved. You will receive a message through the SAIC Health Services Patient Portal regarding the status of your exemption.

### PART 1. HEALTHCARE PROVIDER CERTIFICATION OF CONTRAINDICATION (COMPLETED BY HEALTHCARE PROVIDER)

I certify that my patient (named above) should not be vaccinated against COVID-19 because they have one of the following contraindications:

- Documented anaphylactic allergic reaction or other severe adverse reaction to any COVID-19 vaccine (e.g., cardiovascular changes, respiratory distress, or history of treatment with epinephrine or other emergency medical attention to control symptoms. Generally does not include gastrointestinal symptoms as the sole presentation of allergy.) **Describe the specific reaction:**

- Documented allergy to a component of the vaccine; does not include sore arm, local reaction, or subsequent respiratory tract infection. **Describe the specific reaction:**
  
- Other documented contraindication. **Describe the specific reason:**

If the contraindications stated above are temporary, I anticipate that the medical contraindications will continue until \_\_\_\_\_[fill in date] and, as a result, my patient should not be vaccinated until \_\_\_\_\_[fill in date].

Additional pages or documentation may be attached to supply further explanation.

To be Completed by Healthcare Provider	
Profession: ___ MD ___ DO ___ APN/APRN ___ PA	
License Number/State (or country of licensure for non-US providers):	
Name (print):	Address/Clinic Stamp:
Signature of Healthcare Provider:	Phone:

**PART 2. STUDENT RESPONSIBILITY FOR MEDICAL EXEMPTION (COMPLETED BY STUDENT)**

I request a medical exemption from the COVID-19 immunization requirement.

I give representatives from the School of the Art Institute of Chicago permission to speak with the above listed healthcare provider regarding any necessary clarification of my application for a medical exemption.

I understand that, as a result of not being vaccinated, I am accepting the potential consequences associated with this decision. By requesting a medical exemption to COVID-19 vaccination, I agree to the following:

- I understand the risks of not being vaccinated against COVID-19 and accept full responsibility for my health. I release and indemnify SAIC from any liability related to any exposure to and/or injury from COVID-19 or related to COVID-19, which may arise out of accessing SAIC’s premises or in the course of attending any off-campus SAIC-sponsored activities, including but not limited to any such claims that may arise out of the negligence of SAIC.

- I understand that in the event of an outbreak or threatened outbreak of COVID-19, I may be temporarily excluded from accessing campus, including but not limited to attending classes, using facilities, entering residence halls, and/or attending off-campus SAIC-sponsored activities. I agree to comply with these restrictions and accept responsibility for communicating with my faculty and advisors. I further understand that restrictions from campus, including but not limited to classes and living spaces do not entitle me to any reduction in tuition, housing charges, or other school fees.
- If I contract COVID-19 or any other communicable or contagious disease, I will immediately report it to SAIC's Wellness Center and comply with the isolation and quarantine procedures specified by SAIC and remove myself from the SAIC community if so instructed.
- I will comply with all guidance provided by SAIC, including guidance for unvaccinated individuals. This may include but is not limited to wearing a mask and social distancing while on campus.
- I understand that, if the contraindications stated above are temporary, this exemption is only valid for the dates indicated by my healthcare provider. If I continue to seek a medical exemption after that period, I may need to submit a new request for any subsequent changes or new medical contraindications.
- I certify that the information I have provided is accurate and complete.
- I enter this request for exemption and waiver as a free and voluntary act.
- I am at least 18 years of age, or if I am under 18 years of age, my legal guardian has also signed below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

*Parent/Guardian Signature if Student is Under Age 18*

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