University of Pennsylvania Summer Program Participants
Request for Medical Exemptions from COVID-19 Vaccines
Please return to: vpul-immun@pobox.upenn.edu

Student Name: ____________________________ Penn ID: ____________________________

Section 1 to be Filled Out by a Licensed Physician, PA or NP

Physician/Provider Instructions: By completing this form, you certify that different methods of vaccinating against COVID-19 have been considered, and that the following medical contraindication precludes any/all vaccinations for COVID-19. Guidance for medical exemptions for COVID-19 vaccination can be obtained from the Advisory Committee on Immunization Practices (ACIP) available at https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html. You also certify that you provide regular health care for the patient above, are not a relative or personal/family friend, and the contraindication is documented in their medical record.

1. Please select the medically indicated contraindication for which you are requesting an exemption:

☐ Severe allergic reaction (anaphylaxis) after a previous dose of or to a component of the COVID-19 Vaccine, including Polyethylene Glycol (PEG) (Please describe response in detail below and contraindication to alternatives, such as the Johnson & Johnson vaccine, which does not contain PEG)

☐ Immediate allergic reaction to a previous dose or known (diagnosed) allergy to a component of the vaccine (Please describe response in detail below and contraindication to alternative vaccines.)

☐ Other medical circumstance preventing vaccination with any available COVID-19 vaccine (Be specific & describe in detail below)

Signature of Healthcare Provider: ____________________________
License Number: ____________________________ State of Issuance: ____________________________
Printed Name: ____________________________
Practice Name and Phone Number: ____________________________
Section 2 to be Filled Out by Student

2. Have you received a medical exemption for other required vaccinations, example pre-matriculation vaccines, k-12 requirements, etc.?

☐ Yes    ☐ No

3. Did you receive the flu vaccine in the last 5 years?

☐ Yes    ☐ No

4. Did you receive any other vaccine(s) in the last 5 years?

☐ Yes    ☐ No

If yes, please identify the vaccine(s) you have received most recently and when you received them.

Attestation

By submitting this exemption request, and as evidenced by my signature below, I acknowledge and agree to the following:

• I will self isolate and seek care if I feel unwell to minimize the risk of infecting others;
• I will use a mask appropriately based on the guidelines of my program;
• I will comply with any additional obligations as may be required by my school, program, the University of other public health mandates;
• I will comply with isolation requirements and contact tracing efforts should I become infected with COVID-19.
• I consent to having the healthcare provider who is requesting this exemption speak with a representative from the Immunization Compliance Office or Student Health to further discuss my medical condition.

Student Signature: ____________________________________________________________
Preferred Email: ______________________________________________________________
Preferred Phone Number: ______________________________________________________