

# Request for Exemption for COVID-19 (SARS-CoV-2) Vaccination - Stockton and Sacramento Campuses



Name \_\_\_\_\_ ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Pacific email address: \_\_\_\_\_

UNIVERSITY OF THE PACIFIC requires all students and employees to be **fully vaccinated** against COVID-19 and that they **stay up to date** with any required boosters to participate on campus in classes or work or at university events. A person is **fully vaccinated** two weeks after receiving all recommended doses in their primary series of COVID-19 vaccine. **Staying up to date** means a person has received all recommended doses in their primary series of COVID-19 vaccine, and at least one or more booster doses when eligible, as recommended by the CDC. Use this form to request an accommodation or exemption from this requirement for medical reasons or due to a sincerely held religious belief, practice or observance (inclusive of personal values).

### Information about COVID-19

COVID-19 is a respiratory illness caused by a newly discovered coronavirus that typically causes mild to moderate illness, like the common cold, but can lead to dangerous complications. COVID-19 is a very contagious virus and new variants are continuing to emerge. The COVID-19 vaccines available in the United States have been carefully evaluated in clinical trials and have been authorized for emergency use and/or fully approved by the U.S. Food and Drug Administration because they make it substantially less likely that an individual will contract COVID-19 and become seriously ill. COVID-19 vaccines have been found to be safe and effective. For more information, please consult: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/safety-of-vaccines.html>, or your health care provider.

When you are vaccinated against COVID-19, you don't just protect yourself—you protect your friends, family members, coworkers and everyone in the community—especially those who are at increased risk for severe illness from COVID-19 or are medically unable to receive the vaccines themselves. More studies are ongoing to determine the vaccines' ability to keep people from spreading the virus that causes COVID-19 and how long the vaccines continue to protect from serious illness.

**If you wish to request an accommodation or exemption from Pacific's vaccination requirement, please indicate your reason below:**

- Medical (Please refer to the Medical Exemption Certification on Page 2—this must be completed by a licensed medical provider to complete your vaccination exemption)
- Sincerely held religious belief, practice or observance (inclusive of personal values)

### Acknowledgment and Signature

I have read the above information about COVID-19 vaccination. I understand that by declining this vaccine I continue to be at risk of acquiring COVID-19, which is a serious disease. I may be excluded from certain events or activities depending on health guidance or other requirements. I will follow university standards which may require wearing additional personal protective equipment while on campus, and I may be subject to continuing COVID-19 testing. **If clinical education or external fieldwork is part of my academic program, I understand that sites may restrict unvaccinated individuals and the university may not be able to find a suitable alternative. Without completing the clinical or fieldwork placements, I may be delayed or prevented from completion of my academic program or licensure requirements.** For some health-related programs, exceptions on religious grounds cannot be granted.

I understand that the university may change its vaccination policy in the future and require additional measures for those who are not vaccinated. I agree that if at any future point while attending and/or working at Pacific I decide to receive the COVID-19 vaccine, I will provide proof of vaccination and then this exemption will be considered revoked.

I verify that I am 18 years of age or older, that I understand this Request for Exemption Form and have had the opportunity to ask questions about it.

Student or employee signature: \_\_\_\_\_ Campus: \_\_\_\_\_

Parent or Legal Guardian Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*Needed only if student is under 18 years of age

Name \_\_\_\_\_ ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_

**MEDICAL EXEMPTION CERTIFICATION**

Instructions: Please complete this form to release information regarding your request for an accommodation exempting you from receiving the COVID-19 vaccine due to your health condition.

I have provided this certificate, signed and dated by my licensed health care provider, certifying that receiving the COVID-19 vaccine is contraindicated due to applicable CDC contraindications and/or my medical condition. I consent to allow University of the Pacific representatives to contact my health care professional(s) to obtain copies of medical records related to my condition, and to consult with the health care professional(s) regarding my condition, only as it relates to my ability to receive the above vaccine.

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

Parent or Legal Guardian Signature\*: \_\_\_\_\_

\*Needed only if student is under 18 years of age

(TO BE COMPLETED BY A LICENCED MEDICAL PROVIDER):

I, \_\_\_\_\_ [Name of licensed MD, DO, PA, NP] certify that the above-named student/employee is under my medical care and has a medical condition that contraindicates their vaccination with the COVID-19 Vaccine at this time. This contraindication is based on (choose one):

- The applicable CDC contraindication(s) to this vaccine
- The physical condition of the person or medical circumstances relating to the person are such that immunization is not considered safe

This contraindication is:  Permanent or  Temporary

Other recommended accommodations (if any): \_\_\_\_\_ Other

recommended accommodations related (if any): \_\_\_\_\_

\_\_\_\_\_

If temporary: the expiration date of the exemption for this vaccine is \_\_\_\_\_

Health Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

License Number: \_\_\_\_\_

Health Care Provider Name and Contact Info: \_\_\_\_\_  
[Name]

\_\_\_\_\_ [Address]

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_