

SOUTHWESTERN LAW SCHOOL

L O S A N G E L E S

COVID-19 Vaccination Student Medical Exemption Request, 2022–2023

Southwestern Law School will consider exemptions from the COVID-19 vaccination requirement, including any booster shot, for students who have medically indicated contraindications to the vaccination requirement, unless providing such exemption fundamentally alters the education program, poses a direct threat to the health or safety of others or to the requesting student, or creates an undue hardship for Southwestern.

Southwestern reserves the right to revoke an exemption upon a change of circumstances or to request additional or new information at any time.

After you and your healthcare provider complete this form, scan and submit it to covidmanager@swlaw.edu. SCALE I students starting in 2022 must submit this completed form to covidmanager@swlaw.edu by **May 15, 2022**. Continuing students taking courses during the Summer 2022 session must submit this completed form by **May 15, 2022**. All other entering and continuing students who plan to take classes that start in August 2022 must submit this completed form to covidmanager@swlaw.edu by **June 30, 2022**. Entering students admitted into a program after the applicable deadline should refer to their admissions email for the specific deadlines that will apply, based on date of admission.

A designated committee of Southwestern administrators will review the documentation and approve or deny the exemption request. Decisions typically are issued within 10 business days. The committee's determination may not be appealed.

Student's Typed Name: _____ DOB: _____

Student's Southwestern ID#: _____ Best Phone Number: _____

Southwestern Email: _____

SECTION 1: Student Section - Complete the following information

By signing below, I acknowledge that:

1. I am requesting an exemption from the COVID-19 vaccine or booster requirement due to my current medical condition.
2. I have read Southwestern’s COVID vaccination and booster policy.
3. If approved for an exemption:
 - a. I understand and assume the risks of not being fully vaccinated.
 - b. I acknowledge that compliance with all COVID-19 protocols will be required for my continued attendance at Southwestern.
 - c. I understand that any approved exemption is based on Southwestern’s current vaccination policy and is subject to change based on Southwestern’s requirements in the future.
 - d. I understand that the exemption may be revoked if any information provided in support of this request is false.
4. I authorize my licensed healthcare provider to release the necessary medical information to Southwestern for purposes of determining whether I qualify for an exemption for the COVID-19 vaccine or booster.
5. I authorize Southwestern personnel to seek clarification of any documentation provided, if necessary, by contacting my healthcare provider directly.
6. I understand that the contents of this request are confidential and will be shared only as needed with the appropriate Southwestern personnel to consider this exemption and the impact of an approval on operations.

I verify that the information I am submitting to support my request for a COVID-19 vaccination or booster medical exemption is complete and accurate to the best of my knowledge. I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I also understand that my request for an exemption may not be granted if it is not reasonable, fundamentally alters a program, poses a direct threat to the health or safety of others at the school or to me, or creates an undue hardship for Southwestern. Southwestern may deny an exemption if I fail to cooperate with Southwestern’s reasonable request for verification of the medical contraindications. I understand that Southwestern reserves the right to deny my exemption request should it determine that, based on the information provided or received, adequate evidence has not been provided to establish that an exemption is warranted. I acknowledge that the COVID-19 vaccination or booster exemption could result in additional safety precautions while on-campus.

Student Signature

Date

SECTION 2: Healthcare Provider Section

A licensed MD, DO, ND, ARNP, or PA must complete and sign this section. Forms completed by the student will not be accepted.

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>.

Southwestern does **not** consider the following to be contraindications to COVID-19 vaccination:

- Local injection site reactions after (days to weeks) previous COVID-19 vaccines (erythema, induration, pruritus, pain, etc.).
- Expected systemic vaccine side effects in previous COVID-19 vaccines (fever, chills, fatigue, headache, lymphadenopathy, vomiting, diarrhea, myalgia, arthralgia).
- Vasovagal reaction after receiving a dose of any vaccination.
- Being an immunocompromised individual or receiving immunosuppressive medications.
- Autoimmune conditions, including Guillain-Barre Syndrome.
- Allergic reactions to anything not contained in the COVID-19 vaccines, including injectable therapies, food, pets, venom, environmental allergens, oral medication, latex, etc.
- Breastfeeding.
- Immunosuppressed person in the student's household.
- Alpha-gal Syndrome.
- The COVID-19 vaccines do not contain egg or gelatin; thus, allergies to these substances are not contraindication.

Please select medically indicated contraindication below:

_____ 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. Please be specific and describe in detail below.

Please indicate the recommended time frame for the exemption, even if indefinite or permanent:

I am a qualified MD, DO, ND, ARNP, or PA and certify that the information provided on this form is complete and correct. I further certify that I have an ongoing professional relationship with the individual seeking this exemption and have not been engaged solely for the purpose of providing this exemption.

Date: _____

Provider's signature: _____

Provider's typed name: _____

License type: ___MD ___DO ___ND ___ARNP ___PA

License #: _____ State: _____ NPI #: _____

Name of medical facility: _____

Address: _____

Phone number: _____

Email: _____

Southwestern Official Use Only

1. Please indicate whether the exemption request is approved or denied.

- Exemption request approved.
- Exemption request denied.

2. If the exemption request is denied, explain the basis for denying the request.

Date of Committee Decision: _____