



Human Resources
 1500 N. Warner St. #1064
 Tacoma, WA 98416-1064

CERTIFICATE OF EXEMPTION – MEDICAL

Name of Faculty or Staff Member:	Date of Birth:
ID#	Primary Phone:
Address:	Email address:

NOTICE: In order to be considered for an exemption from the university’s vaccine requirements, a faculty or staff member must submit this completed form to Human Resources, including providing information from an approved U.S. health care provider (MD, DO, PA, NP, ND) that they have determined a specific vaccination is not advisable for the faculty or staff member for medical reasons. This form must be completed and signed by a health care provider and the faculty or staff member. In the event of an outbreak, those whose exemption request is approved may be asked to leave campus until they have proof of immunity or the outbreak is over. The faculty or staff member must follow all other health and safety practices established by the university for unvaccinated individuals. Following approval, they must meet with a Human Resources staff member to review exemption requirements.

MEDICAL EXEMPTION: In order to support the request to be exempted from the university’s vaccine requirements, the health care provider must attest that their professional judgment is that the vaccine is not advisable for the faculty or staff member and provide support for that determination. When it is determined that this particular vaccine is no longer contraindicated, the faculty or staff member will be required to have the vaccine.

Providers can find guidance on medical exemptions through the CDC and Advisory Committee on Immunization Practices (CDC/ACIP) at <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>

Vaccine	Period of Requested Exemption	ACIP Contraindication and Precautions
COVID-19 Vaccine	Temporary through: Permanent	<i>Contraindications</i> Severe allergic reactions (e.g., anaphylaxis) after a previous dose or vaccine component Other (explain below)

Please explain fully and attach additional sheets as necessary.

Provider Attestation

I am a qualified medical provider (MD, DO, PA, NP, ND) licensed to practice in the United States. I have discussed the benefits and risks of immunizations with the faculty or staff member as a condition for exempting them from vaccination.

By signing below, I attest that I have reviewed the current CDC/ACIP Contraindications and Precautions and affirm that the stated contraindication(s)/precaution(s) is consistent with established national standards for vaccination practices. I understand that I might be asked to submit supporting medical documentation.

Healthcare Provider Name: _____ Specialty: _____

NPI Number: _____ License number: _____ State of Licensure: _____

Phone: _____ Fax: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Declaration:

I have discussed the benefits and risks of immunizations with the health care provider granting this medical exemption. I am aware if an outbreak of vaccine-preventable disease occurs for which I am exempted, I may be asked to leave campus until I have proof of immunity or the outbreak is over. I further understand that I must follow all other health and safety practices established by the university for unvaccinated individuals. Following approval of the exemption, I understand I will be required to meet with a representative from Human Resources to review the current health and safety standards required by the university.

Signature: _____ Date: _____

Human Resources Use Only:

Approved _____

Not approved _____

Date faculty or staff member met with Human Resources staff _____