

COVID-19 VACCINATION MEDICAL EXEMPTION REQUEST FORM

Please consult with your healthcare provider if you have an allergy to any component of the COVID-19 vaccine have experienced a severe allergic reaction after a previous dose of the COVID-19 vaccine, or have a specific medical condition that precludes COVID-19 vaccination, and you seek a medical exemption from the College of Southern Maryland’s COVID-19 vaccine requirement.

Complete this COVID-19 Vaccination Medical Exemption Request Form and the accompanying Healthcare Provider Certification Form. Upload these two forms and supporting documentation to the secured Vaccination portal found on <https://www.castlebranch.com> using the instructions provided in the Castle Branch email.

If an initial request for the exemption is denied, individuals may resubmit the request no more than 2 additional times for a total of 3 submissions. When resubmitting the request, please specify additional clarifying information or documentation.

Requests for exemptions and any documents provided will be kept confidential.

Employee or Student Name		CSM ID Number	
CSM Email Address		Phone Number	
Date of Birth		Select One:	<input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff

Healthcare Provider Name		Healthcare Provider phone number	
Healthcare Provider Physical Address		Healthcare Provider Web Site	

FACULTY AND STAFF ONLY:

Department		Title	
Immediate Supervisor		Supervisor’s Phone Number	

Required COVID-19 Vaccination Program

I am requesting a medical exemption from the COVID-19 Vaccination Requirement for the following reason:

- _____ Severe allergy to component(s) of the COVID-19 vaccine or a previous dose of the COVID-19 vaccine. (contraindications must exist for all available vaccines to achieve exemption).
- _____ Physical condition or medical circumstances such that COVID-19 vaccination is not considered safe.
- _____ Other physical or medical condition or disability such that I should be exempt from the COVID-19 vaccine.
- _____ Temporary physical or medical condition or circumstance that requires a deferral of the COVID-19 vaccine.

Verification and Accuracy:

I verify that the information I have provided on the COVID-19 Vaccination Medical Exemption Request Form and the accompanying Healthcare Provider Certification Form 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 which may include termination/dismissal (faculty/staff) and suspension/expulsion (students). I also understand that my request for an exemption may not be granted if it is unreasonable or creates an undue hardship for the College.

Printed Name: _____ Date: _____

Signature: _____

Signature of Parent or Guardian (if under 18 years old) _____

Printed Name: _____ Date: _____

Required COVID-19 Vaccination Program

Disclaimer acknowledging the health risks of being unvaccinated:

<p>I request exemption from the COVID-19 vaccination requirements due to my current medical condition. I understand and assume the risks of non-vaccination. I accept full responsibility for my health, thus removing liability from the College of Southern Maryland (CSM) to the required vaccination.</p>
<p>I understand that as I am not vaccinated, in order to protect my own health and the health of the community, I will comply with assigned COVID-19 testing requirements and other preventive guidance.</p> <p>Any students, faculty, or staff granted a vaccination exemption are required to:</p> <ul style="list-style-type: none"> • Always wear a mask indoors and while outdoors in crowded spaces • Comply with regular, weekly COVID-19 testing
<p>I understand that in the event of an outbreak or threatened outbreak, I may be temporarily excluded or reassigned from CSM facilities and approved activities. I agree to comply with these restrictions and accept responsibility for communicating with faculty and advisors as appropriate to allow compliance with health and safety requirements for unvaccinated individuals. I further understand that restrictions from CSM facilities, including but not limited to classes, does not entitle me to any reduction in tuition or other CSM fees.</p>
<p>Should I contract COVID-19, I will immediately report it to Castle Branch (email - jack.craig@castlebranch.com) and comply with all isolation and quarantine procedures specified by the college and remove myself from the CSM community if so advised.</p>
<p>I acknowledge that I have read the CDC COVID-19 Vaccine Information.</p>
<p>I understand and agree to comply with and abide by all CSM COVID-19 policies and procedures.</p>
<p>I understand that, if approved, this exception is only valid for the current academic year, and I am required to resubmit a new request for any subsequent academic year(s).</p>
<p>I certify that the information I have provided in connection with this request is accurate and complete. I understand this exception may be revoked and I may be subject to the college's disciplinary action if any of the information I provided in support of this exemption is false.</p>

Signature: _____ Date: _____