



Covid-19 Vaccine Exemption Request

Butler Community College Nursing Program partners with multiple healthcare facilities to provide clinical experiences for nursing students. Some clinical partners may require students to be vaccinated for COVID-19 or have proper vaccine exemption documentation. This immunization is highly recommended, but students may complete a COVID-19 Vaccine Exemption Request form for review and approval. With an approved COVID-19 vaccine exemption, students must follow specific clinical requirements.

Forms should be submitted to College Health Services (collegehealth@butlercc.edu).

Name _____ Student ID _____

Section I: To be completed by student

☐ Medical Exemption Request

I understand that immunization is an effective way to protect against serious preventable diseases. I also understand the risk of non-immunization, particularly in a health care setting.

I request a medical exemption from COVID-19 vaccination based on the following documented contraindication (check all that apply):

- ☐ Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine
- ☐ Immediate allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine
- ☐ Other Contraindications or Medical Conditions, please refer to the CDC informational document located at <https://www.cdc.gov/vaccines/covid-19/downloads/summary-interim-clinical-considerations.pdf>

Please provide/attach any additional information or documentation that may be helpful in processing your medical exemption request. The exemption committee may request additional information or documents as needed to process your request.

☐ Religious Exemption Request

I understand that immunization is an effective way to protect against serious preventable diseases. I also understand the risk of non-immunization, particularly in a health care setting.

I request an exemption from Butler Community College Nursing Program COVID-19 vaccine requirement for the following reason:

- ☐ Sincerely held religious belief, observance, or practice, which includes any traditionally recognized religion.
- ☐ Beliefs, observances, or practices which you sincerely hold and that occupy place of importance in your life, comparable to that of traditionally recognized religions that is the basis for your request.

Please provide/attach any additional information or documentation that may be helpful in processing your religious exemption request. The exemption committee may request additional information or documents as needed to process your request.



Section 2: To be completed by student (please check each statement after reading)

- ☐ I understand if I contract COVID-19, I will isolate as appropriate, outlined by CDC at <https://www.cdc.gov/coronavirus/2019-ncov/your-health/isolation.html>.
- ☐ I understand that if diagnosed with COVID-19, I will be prohibited from attending classes or using Butler Community College facilities, and clinical agencies, during CDC recommended time of isolation.
- ☐ I understand the risks of non-immunization and release Butler Community College from any responsibility for adverse consequences of my refusal to be immunized, including but not limited to contracting one or more of these diseases, financial loss, and inability to complete course requirements.
- ☐ I understand and acknowledge that contracting COVID-19 may prohibit myself from completing coursework and clinical requirements resulting in loss of semester credits.

By signing this Exemption Request, the student verifies the truth and accuracy of the statements in this request form.

Student Signature: _____ **Date:** _____

Printed Name _____