

Student Exemption from COVID-19 Vaccination

To request an exemption from the St. Mary's College of Maryland COVID-19 vaccination requirement, please complete Section 1 and choose either Section 2 or Section 3. Section 2 requires the certification of a medical provider.

Please return this completed form to the Wellness Center by handing it to a staff member at the Front Desk in the Wellness Center (Ethel Chance Hall), scanning and emailing it to wellnesscenter@smcm.edu, or by faxing it to 240-895-4937.

Section 1

Student Name (print):	Date:
Student ID:	Residence Hall (or commuter):
Reason: <input type="checkbox"/> Medical - Complete Section 2 <input type="checkbox"/> Religious - Complete Section 3	Cell Phone:

Section 2

Medical Exemption from COVID-19 Vaccination

I am requesting a medical exemption from the St. Mary's College of Maryland, "the College", requirement to be vaccinated against COVID-19.

I verify that the information I am submitting to substantiate my request for exemption from the College's requirement to be vaccinated against COVID-19 is true and accurate to the best of my knowledge.

Student Signature:	Date:
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Medical Certification for Vaccination Exemption

Student Name: _____

Dear Medical Provider,

St. Mary's College of Maryland, "the College" requires vaccination against COVID-19 for all students. The student named above is seeking an exemption to this policy due to medical contraindications.

Please complete this form to assist the College in the process.

I certify that the individual has a medical condition that contra-indicates receiving the COVID-19 vaccination.

Medical Provider Name (print):	
Medical Provider Signature:	Date:
Practice Name & Address:	Provider Phone:

Section 3

Religious Certification for Vaccination Exemption

I am requesting a religious exemption from the St. Mary's College of Maryland requirement to be vaccinated against COVID-19.

I verify that the information I am submitting to substantiate my request for exemption from the College's requirement to be vaccinated against COVID-19 is true and accurate to the best of my knowledge.

Describe the religious belief that necessitates this request for exemption:
I certify that my religious beliefs, which result in this request for a religious exemption, are sincerely held.

Student Signature:	Date:
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