



University of Colorado
Denver | Anschutz Medical Campus

Medical Exemption From COVID-19 Vaccination Requirement

All University of Colorado Anschutz Medical Campus students are required to be immunized against COVID-19 prior to their participation in courses in the Fall of 2021, which may be as early as June 1, 2021. However, the University recognizes medical exemptions where vaccination would endanger a student's life or health or is medically contraindicated due to other medical conditions. Under that circumstance, the University requires that students submit this medical exemption form.

By signing below, I acknowledge that although a medical exemption from the required COVID-19 vaccination is recognized by CU Anschutz as the student's right, the clinical, lab, practica, and internship sites that partner with CU Anschutz, may reserve and exercise their right to decline or rescind a student's clinical placement if that partner does not recognize this medical exemption or does not allow unvaccinated individuals on their premises.

Student Name: _____

Student Statement of Exemption

I am hereby claiming a medical exemption from vaccination against COVID-19 as indicated on this form.

I attest that the information I have provided on this form is complete and accurate.

I understand that claiming this medical exemption may affect my progression at CU Anschutz as described above.

I also understand that because I am not being vaccinated against COVID-19 I will be required to follow CU Anschutz policies and procedures that apply to students who are not vaccinated against COVID-19 during the entire time I am enrolled at CU Anschutz.

REQUIRED Student Signature: _____

Date: _____

Below portion to be completed by the Employee's Health Care Provider (MD, DO, NP, PA only)

Please review safety, allergy and other information regarding exemptions to the COVID-19 vaccination series at the following links.

[COVID-19 Vaccines While Pregnant or Breastfeeding](#)

[Safety of COVID-19 Vaccines | CDC](#)

[Frequently Asked Questions about COVID-19 Vaccination | CDC](#)

1. Pfizer/Moderna vaccine series:

- Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to vaccine components
- Allergy to specific component of the vaccine (please specify: _____)

2. Astra Zeneca/Johnson and Johnson vaccine series:

- Personal history of Guillain-Barre Syndrome within 6 weeks of receiving any vaccine.
- Severe allergic reaction (e.g. anaphylaxis after a previous dose or to vaccine components
- Allergy to specific component of the vaccine (please specify: _____)

3. For any COVID-19 vaccination series, we will accept pregnancy as a temporary exemption while each of the COVID-19 vaccines are under emergency use authorization. Please indicate estimated date of conception (EDC) below and document verified pregnancy. Lactation alone is not a category for exemption:

- Documented Pregnancy (please indicate EDC: _____)

We will accept pregnancy as a temporary exemption while each of the COVID-19 vaccines are under emergency use authorization. Please indicate estimated date of conception (EDC) and document verified pregnancy.

4. Other condition

- Specify _____

Please provide documentation and indicate whether this medical contraindication is permanent or temporary and timeframe for re-evaluation if less than 1 year. Please attach documentation to support the diagnosis and assessment.

Provider Statement of Exemption

The physical condition of the above named student is such that vaccination would endanger their life or health or is medically contraindicated due to other medical conditions as specified above.

REQUIRED Provider Name: _____

Provider Signature: _____

Provider License Number: _____

Date: _____

Physician (MD, DO), Advanced Practice Nurse (APN), or Physician Assistant (authorized pursuant to section 12-240-107 (6), C.R.S.)