

Request for Exemption- COVID-19 from Immunization Requirement

Students who wish to exempt themselves from receiving the required vaccination must complete this documentation and provide it to Husson University Student Health Services. Approval of this exemption is required prior to having physical contact with campus.

I _____ date of birth _____ wish to exempt myself from the
(print name) (mm/dd/yyyy)
requirement to receive the 2019 novel coronavirus disease ("**COVID-19**") vaccination(s).

I do not wish to receive the vaccination(s) for the following reasons:

Religious

Medical

Note: Husson University reserves the right to request additional documentation from you and/or others regarding the basis for the above-referenced religious exemption.

A licensed physician, nurse practitioner or physician assistant must complete the following document for medical exemption that in their professional judgement vaccination may be medically inadvisable. Self-reported is not acceptable.

Reason for Medical Exemption (please explain in detail and attach additional pages, if necessary):

Note: Husson University reserves the right to request additional documentation from you and/or others regarding the basis for the above-referenced medical exemption.

I certify the above information to be true and accurate, and request a medical exemption from the COVID-19 vaccination requirement for the above-named individual.

Health care provider name: _____

Health care provider address: _____

Health care provider signature: _____

I understand in the case of a COVID-19 outbreak, I may be temporarily excluded from classes, and my access to any buildings on campus may be restricted. I will be responsible for any expenses I incur for such exclusion. I also understand that the make-up of any missed class work is at the discretion of the involved faculty.

I understand that I may be required to engage in enhanced safety protocols because I am not fully vaccinated for COVID-19. This includes, but is not limited to:

- Complete a daily health assessment and attestation.
- Follow state and federal masking guidelines and Husson University directives.
- Quarantine and/or isolate as needed.
- Participate in weekly COVID-19 testing.

This procedure is subject to change with, or without, notice as further guidance becomes available.

Review & sign on next page

Student Verification, Consent, Acknowledgement and Waiver

I verify that the information I am submitting in support of my request for an exemption is complete and accurate to the best of my knowledge.

Further, if my request for an exemption from Husson University's COVID-19 vaccination requirement is for a medical reason, I hereby consent and agree to release my medical information to Husson University and for my health care provider to release such information to Husson University for the purposes of evaluating my request for an exemption.

I acknowledge and agree that:

- I am aware of the highly contagious nature of COVID-19, and that there is a risk that I may be exposed to or contract COVID-19 while attending Husson University without a vaccination against COVID-19;
- I am continuing to attend classes and participate in programs in person at Husson University of my own will and at my own risk; and
- Exposure to or infection with COVID-19 may result in serious illness, personal injury, permanent disability, and/or death and I acknowledge that this risk may result from or be compounded by the actions, omissions, or negligence of other individuals.

Notwithstanding these risks, I am voluntarily attending Husson University in person with the knowledge of the potential danger involved and hereby agree to accept and assume all risks of personal injury, illness, disability and/or death related to my attendance, including without limitation potential exposure to or infection with COVID-19.

I, on behalf of myself, my heirs, personal representatives and assigns, voluntarily and expressly hereby agree to waive, release and hold harmless Husson University and each of its officers, staff, faculty, other employees and agents from and against any and all liability, claims, demands, causes of action, injuries or damages to myself that I may suffer resulting from or arising out of my attendance at Husson University and my noncompliance with this COVID-19 vaccination requirement.

General Provisions

This Verification, Consent, Acknowledgement and Waiver shall be interpreted and enforced under the laws of the State of Maine without regard to the conflict of law principles and if any portion hereof is held invalid, void, unenforceable or illegal, the remainder shall continue in full force and effect.

By signing below, I acknowledge that I understand the statements above as written and agree to all of the terms of this Verification, Consent, Acknowledgment and Waiver and that I am voluntarily giving up substantial legal rights, including the right to sue Husson University related to my attendance at Husson University without being vaccinated against COVID-19.

Signature of Student: _____

Signature of Parent/Guardian: _____ Date: _____
(if student is under the age of 18)

To be completed by Husson University Staff

Exemption form received by Student Health Services.

Date: _____ By Whom: _____

Additional documentation requested?

Date: _____ By Whom: _____

Explain what was requested and why:

Documentation received by Student Health Services.

Date: _____ By Whom: _____

Exemption Determination:

Approved Denied

Date: _____ By Whom: _____

Notes:
