



UNIVERSITY OF
MARY WASHINGTON

where great minds get to work

University of Mary Washington
1301 College Avenue, Fredericksburg, VA 22401
Student Health Center- Lee Hall 112
Phone 540-654-1040
www.students.umw.edu/healthcenter

In order to request an exception based on a medical condition, this form must be submitted through the Student Portal on the Student Health Center Website at www.students.umw.edu/healthcenter no later than **July 15 for continuing students and August 1 for new students.**

COVID 19 Vaccine Medical Exemption Form

Student Name: _____
(Last) (First) (MI)

Student ID Number: _____ Date of Birth: ____/____/____

I certify that administration of the COVID-19 vaccine(s) would be detrimental to this student's health. The COVID-19 vaccine(s) is (are) specifically contraindicated because (please specify):

This contraindication is: Permanent

Temporary and expected to preclude immunizations until: Date: ____/____/____

HEALTH CARE PROVIDER:

Signature of Medical Provider: _____

Medical Provider Printed Name: _____ Date: _____

Address: _____ Phone: ____-____-____