



REQUEST FOR MEDICAL EXEMPTION FROM COVID-19 VACCINATION

Keystone College is committed to building a welcoming, safe environment for all students, faculty, and staff.

If you have an allergy to the COVID-19 vaccine or a specific medical condition that precludes the COVID-19 vaccination requirement and you seek a medical exemption from Keystone College's COVID-19 vaccination requirement, please consult with your physician/health care provider and provide the following information.

Please print the following information:

Name: _____ **Date:** _____

E-mail: _____ **Phone Number:** _____

Physician Name: _____

Physician Phone Number: _____

Physician Address: _____

Keystone College Counseling and Well-Being Center
Tewksbury Hall
One College Green
La Plume, PA 18440
570-945-8255

Dear Physician:

Keystone College requires COVID-19 vaccinations for all students seeking access to campus property. A medical exemption from COVID-19 vaccination is allowed for certain recognized contraindications.

Please complete the form below. Thank you.

The above person should not be immunized for COVID-19 for the following reasons:
(Check all that apply)

Severe allergic (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.

Which ingredient caused an allergic reaction? _____

What was the reaction? _____

Which manufacturer of the COVID-19 vaccine is contraindicative and why?

How long will the medical contraindication last? _____

Other Medical Reason- Please provide this information in a separate narrative that describes the other medical reason justifying an exemption in detail.

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FOR THE PHYSICIAN

I certify that _____ has the above contraindication or specific medical condition and request medical exemption from COVID-19 vaccination.

Physician Signature: _____

(Note: Signature Stamp Not Acceptable)

Date: _____ Physician Medical License Number: _____

NPI Number: _____

Verification and Accuracy

FOR THE REQUESTOR

I verify that the above information I have provided is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action which may include suspension/dismissal. My request from an exemption from the COVID-19 vaccination requirement is based upon the medical reason described above. I understand that my request for an exemption may not be granted if it creates undue risk to the public health and safety for the Keystone College community.

Signature: _____ **Date:** _____

Print Name: _____

Signature of parent or guardian (If student is under age 18)

Print Name: _____ Date: _____

Confidentiality of Information Provided

Requests for exemptions and any documents provided will be kept confidential and shared only with those Keystone College employees who have a need to know.

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Summary of Next Steps

Scan and send this completed form to carla.salsman@keystone.edu

1. This request will be reviewed and acknowledged by Keystone College. Keystone College may, at its sole discretion, request additional information.
2. After review, you will be notified of the decision regarding your requested medical exemption.
3. If you are granted a medical exemption, you will be required to undergo ongoing COVID-19 surveillance testing (the frequency of the testing will be determined by Keystone College), in addition to observing all COVID-19 health and safety protocols, which include, but is not limited to: wearing a mask on campus and social distancing.
4. Keystone College will reconsider a denial only if you bring forth new information supporting your request. For reconsideration of a denial, please contact the Health and Wellness Coordinator

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