



## Request for Medical Exemption from COVID-19 Vaccine Form for Students

Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

CIA policy requires that all students, faculty, staff and affiliates receive a COVID-19 vaccination. **A medical exemption may be granted upon receipt of a completed form (below) not more than 6 months old, signed and certified by a licensed health care provider, not related to the submitter, and whose specialty is appropriate to the associated condition.**

Medical exemptions expire when the medical condition(s) contraindicating COVID-19 vaccination changes in a manner which permits vaccination, as determined by CIA in reviewing the request. The assigned expiration is at the sole determination of CIA.

**Individuals with an approved exemption will be required to comply with weekly COVID-19 surveillance testing and other preventive requirements as specified in the exemption approval and as may be updated by later notification and/or posting of requirements on the CIA website. In the event of an outbreak on or nearcampus, individuals with exemptions may be excluded from all campus facilities and activities, in order to protect all unvaccinated members of the CIA community, until the outbreak is declared to be over.**

CIA will carefully review each request and determine if the request should be granted. After your request has been reviewed and processed, you will be notified, in writing, if an exemption has been granted or denied. The decision is final and not subject to appeal. Individuals are permitted to reapply if new documentation and information should become available.

**Important Note:** Student medical immunization exemptions will be reviewed by the Dean of Students. Please note that requesting an exemption does not equate to registration as an individual with a disability. If you require disability-related accommodations outside of this exemption, please contact [jlgrant@cia.edu](mailto:jlgrant@cia.edu) for more information.

Medical exemption process:

- Read the [CDC COVID-19 Vaccine Information](#);
- Complete and sign the following page of this form;
- Have your Licensed Health Care Provider complete the provider section of this form; and
- Submit the completed documents.

*Incomplete submissions will not be reviewed. Be sure all forms and documentation are submitted at one time.*



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**Initial next to each of the statements below:**

	I request exemption from the COVID-19 vaccination requirement due to my current <b>medical condition</b> . I understand and assume the risks of non-vaccination. I accept full responsibility for my health, thus removing liability from CIA to the required vaccinations.
	I understand that as I am not vaccinated, in order to protect my own health and the health of the community, I will comply with assigned COVID-19 testing requirements and other preventive guidance.
	I understand that in the event of an outbreak or threatened outbreak, I may be temporarily excluded or reassigned from College facilities and approved activities (including but not limited to College-owned housing). I agree to comply with these restrictions and accept responsibility for communicating with supervisors, human resources, and/or Student Affairs as appropriate to allow compliance with health and safety requirements for unvaccinated individuals.
	Should I contract COVID-19, I will <u>immediately</u> report it to CIA Student Affairs and comply with all isolation and quarantine procedures specified by CIA and remove myself from the College community, if so advised.
	I acknowledge that I have read the <a href="#">CDC COVID-19 Vaccine Information</a> .
	I understand and agree to comply with and abide by all CIA COVID-19 policies and procedures.
	I understand that, if approved, this exemption is provisional based on the current CIA College COVID-19 vaccination policy and is subject to change based on College requirements moving forward.
	I certify that the information I have provided in connection with this request is accurate and complete as of the date of submission. I understand this exemption may be revoked and I may be subject to disciplinary action under the Student Code of Conduct if any of the information I provided in support of this exemption is false.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

By checking this box and typing my name above, I understand and agree that I am submitting this document electronically and that it is the legal equivalent of having placed my handwritten signature on the submitted document.



Cleveland Institute of Art

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**STUDENT REQUEST FOR MEDICAL EXEMPTION FROM MANDATORY COVID-19 VACCINATION POLICY – MEDICAL PROVIDER CERTIFICATION**

**Employee Name:** \_\_\_\_\_

Cleveland Institute of Art’s (CIA) mandatory covid-19 vaccination policy requires that, by September 20, 2021, all students, faculty, staff, and students whose work or study requires their presence on campus must establish that they are fully vaccinated, i.e., it has been two weeks since they have received their final dose of an approved covid-19 vaccine.

The individual named above requested a medical exemption from CIA’s mandatory covid-19 vaccination policy. Please review the below narrative and any other documents (including job description) attached prior to evaluating the individual named above, and then complete this form to assist CIA in evaluating the individual’s request for an accommodation. The information will be treated confidentially and only shared with only those who have a need to know. To the extent possible, please refrain from sharing any family medical history. We are only concerned with the named individual’s own condition.

**STUDENT STATEMENT**

I hereby authorize my medical provider to release the following medical information to CIA for the limited purpose of assisting CIA to fulfill its duties and obligations under the Americans With Disabilities Act (“ADA”) and any state or local disability laws.

Student’s name (please print): \_\_\_\_\_

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date



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**TO: MEDICAL CARE PROVIDER**

- 1. How long has this employee been under your care?
- 2. Is the employee currently under your care? Yes \_\_\_ No \_\_\_
- 3. Does the individual have a mental or physical impairment or other medical condition that does or may interfere with his or her ability to receive any one of the approved COVID-19 vaccinations?  
YES \_\_\_\_\_ NO \_\_\_\_\_

If you answer NO, you may STOP, SIGN THE FORM, and return it to CIA.

4. If you answered YES to Question 3, describe in detail the nature of the mental or physical impairment or other medical condition. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Identify all approved COVID-19 vaccinations (e.g. Pfizer-BioNTech, Moderna, Johnson & Johnson’s Janssen) that, in your medical opinion, the named individual should not receive due to the impairment or other medical condition identified in response to Question 4 above.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Explain how the impairment or medical condition above does or may interfere with the named individual’s ability to receive the COVID-19 vaccination(s) you identified in response to Question 5 above.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. How long is the mental or physical impairment or other medical condition identified in response to Question 4 likely to last?  
 The impairment/condition commenced on: \_\_\_\_\_  
 The impairment/condition is likely to last until: \_\_\_\_\_

Further comments:

\_\_\_\_\_  
\_\_\_\_\_

- 8. The requested exemption from CIA’s Mandatory COVID-19 Vaccination Policy should be:
  - Temporary, expiring on: \_\_\_/\_\_\_/\_\_\_\_\_, or when \_\_\_\_\_.
  - Permanent.



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9. To the extent that CIA could potentially provide the named individual with a medical exemption from CIA’s Mandatory COVID-19 Vaccination Policy, CIA may implement additional safety procedures, including mask obligations, physical distancing, and testing requirements. Could the named individual safely comply with these additional procedures?

YES \_\_\_\_\_ NO \_\_\_\_\_

If no, please explain which additional safety procedures the named individual could not safely comply with and a detailed explanation as to why.

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10. Please provide any additional information you believe would be helpful to CIA in evaluating the named individual’s request for a medical exemption from CIA’s Mandatory COVID-19 Vaccination Policy.

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I certify the above information to be true and accurate, and request exemption from the COVID-19 vaccination(s) identified above for the individual named above.

**Physician Contact information:**

Address:

Telephone:

FAX and/or Email address:

Printed Name:

Professional Signature:

License #:

Date:

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. Please return a completed copy of this form to the Student Affairs office (216)754-2557 (fax), or at [jgrant@cia.edu](mailto:jgrant@cia.edu).