

COVID-19 Medical Exemption



REQUEST A MEDICAL EXEMPTION

Consistent with federal and state law, La Roche considers medical exemptions to the vaccine requirement. Complete the form below only if you are requesting a medical exemption.

To be completed by student:

I have provided this certificate, signed and dated by my health care provider, certifying that receiving the COVID-19 vaccine is contraindicated due to applicable CDC contraindications and/or my medical condition.

Name: _____ Date of Birth: _____
(Last, First, Middle Initial) (MM/DD/YYYY)

Signature: _____ Date: _____

To be completed by a licensed medical provider:

I, _____
(Printed Name and Credentials)

certify that the above-named student is under my medical care and has a medical condition that contraindicates their vaccination with the COVID-19 vaccine at this time.

Health Care Provider Signature: _____ Date: _____

Health Care Provider Contact Information: _____

Address: _____

Phone: _____

You must submit your medical waiver before the start of the semester to the housing portal: my.laroche.edu/housingportal.

Learn more about the vaccine: cdc.gov/coronavirus/2019-ncov/vaccines/keythingstoknow.html