

# University of Hartford

## Medical Exemption Application

According to University of Hartford policy, all students must be vaccinated against COVID-19 to return to campus or have an exemption on file. Students claiming a medical exemption on the basis that a given immunization is medically contraindicated should complete the following statement and attach a letter signed by a physician licensed to practice medicine stating that in the physician's opinion, such immunization is medically contraindicated and send this form and the letter to [imrecords@hartford.edu](mailto:imrecords@hartford.edu) by January 3, 2022.

The letter must include the student's name, birth date, the vaccine(s) for which exemption is being filed and the condition that contraindicates vaccination, as well as the physician's signature and contact information.

If additional information is needed, you will be contacted. Failure to fully complete the required documents or provide additional information requested may result in your exemption request being denied. All determinations regarding exemptions will be made on a case-by-case basis considering various factors and based on an individualized assessment in each situation; exemptions will not be granted if doing so would cause an undue hardship.

To Whom It May Concern:

\_\_\_\_\_  
(Name of student)

\_\_\_\_\_  
Student ID Number

I am submitting the enclosed documentation from a physician that immunization against COVID-19 is medically contraindicated. Therefore, I am exempt from receiving the required immunization as specified by the physician, and shall be permitted to attend the University of Hartford except in the case of a vaccine-preventable disease outbreak.

\_\_\_\_\_/\_\_\_\_\_  
Signature of Student/ Date

\_\_\_\_\_/\_\_\_\_\_  
Signature of Parent(s)/Guardian(s) (if student is under 18)/Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone #

By signing this form, I certify that I understand the risks of being non-immunization in a campus [congregate dense living] setting and have had an opportunity to discuss this with a medical provider. If my application is approved and I am not vaccinated, I release the University of Hartford and its trustees and employees from all responsibility for any resulting injury or illness. In the event of an outbreak of a contagion or if I contract a vaccine-preventable disease, I understand that I may be excluded from campus, course work, and be required to isolate or quarantine at a place away from campus. I understand that this exclusion will be at my own expense and missing academic work is the responsibility of the student and family. I understand that if I am granted this exemption, I may be subject to additional health and safety protocols including weekly COVID-19 testing.