

**Hofstra University**  
**Request and Certification –**  
**Medical Exemption from COVID-19 Vaccine Requirement**

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

Hof ID: \_\_\_\_\_

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

Hofstra University policy requires that all students, other than those who are in entirely online programs or are taking all classes remotely, must be vaccinated before returning to campus for the fall. A student may be exempted from the University's vaccination requirement if a physician, physician assistant or nurse practitioner licensed to practice in the United States, who is not related to the student, certifies in writing that the student has a health condition or medical treatment which is a valid contraindication to receiving the COVID-19 vaccine, as more fully set forth in this Exemption Request form.

General statements that the student should not have any shots will not be accepted.

**Instructions**

For consideration of a medical exemption, students must provide the following:

- **A signed statement by a physician, physician assistant or nurse practitioner licensed to practice in the United States, who is not related to the student, that contains the following information:**
  - **Certifying that the health care provider knows and has examined the student and including the student's name, date of birth and address and date of last examination;**
  - **Providing the specific diagnosis of the student's health condition or treatment which is a valid contraindication to receiving the COVID-19 vaccine, which must include:**
    - **Documented anaphylactic allergic reaction to or other severe adverse effect from any of the COVID-19 vaccines, where the severe adverse reaction outweighs the beneficial impact of the vaccine, and including a description of the specific reaction;**
    - **Documented anaphylactic allergic reaction to any component of the COVID-19 vaccine (Link to CDC Vaccination FAQ webpage, answering "What are the ingredients in COVID-19 vaccines?" [here](#)), where the adverse reaction outweighs the beneficial impact of the vaccine and including a description of the specific reaction; or**
    - **Other documented contraindication, including a specific description of the medical contraindication.**
  - **Identifying the length of time that the COVID-19 vaccine may be detrimental to the student's health; and**
  - **The health care provider's area of specialty, signature, medical license number, address and telephone number.**

The University reserves the right at any time up until a decision has been made to request additional supporting documentation, including requesting reference sources from the licensed medical professional.

**Please complete this entire form, attach the required documents listed above, sign and certify as indicated below and email to [ExemptionRequest@Hofstra.edu](mailto:ExemptionRequest@Hofstra.edu).**

Requests for exemption are subject to review by the University's Student Health Services; exemptions are not granted upon submission. Changes to any of the statements below will not be accepted. You will be notified in writing to your University email address if the exemption has been granted or denied. Appeals will not be considered. If approved, the exemption will remain in effect for so long as the health condition contraindicates the COVID-19 vaccine.

**By signing and submitting this form, you are:**

- Requesting a medical exemption from the University's COVID-19 vaccination requirement based on your current health condition, as well as acknowledging your understanding that the exemption expires when the health condition changes in a manner that no longer contraindicates the COVID-19 vaccine;
- Acknowledging your understanding of the risks of non-vaccination and that you have reviewed the [CDC COVID-19 vaccine information](#);
- Accepting full responsibility for your health, and holding Hofstra University harmless with respect to your requested exemption from the required vaccination;
- Acknowledging and agreeing that if exempted you may be subject to additional preventive measures such as screening, testing, social distancing, quarantining, isolation, mask wearing and other health and safety protocols by virtue of your unvaccinated status that may not apply to vaccinated students and that this treatment is based solely on your unvaccinated status;
- Acknowledging and agreeing that if exempted, then solely due to your unvaccinated status, you may be excluded from certain campus activities/residence halls, and that any such exclusion does not entitle you to any reduction in tuition or other associated charges or University fees;
- Acknowledging and agreeing to comply with any such restrictions;
- Acknowledging your understanding that any such action is to protect your health and the health of the University community; and
- Certifying that the information and supplemental documents that you have submitted in connection with this Exemption Request are accurate and complete.

**Student**

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

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

*If student is under 18, parent or guardian must also sign below:*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Phone and Email: \_\_\_\_\_