

**USC Student Housing Policy**

In order to receive priority consideration for University Housing students are required to submit proof of receipt of COVID-19 vaccine. Students can request an exemption if they cannot receive the vaccine because of a medical contraindication.

*A list of established medical contraindications to vaccination can be found on the Centers for Disease Control and Prevention (CDC) website at <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines.html>  
If the individual is under the age of 18, this statement should be provided and signed by the parent/guardian.*

Students who need a disability-based accommodation in order to access University Housing should contact Disability Services & Programs at <https://dsp.usc.edu>.

**Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **USC EEID# (10 digits):** \_\_\_\_\_

The individual identified above has the following medical contraindication recognized by the CDC for COVID-19 vaccination.

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

**Health Care Provider's Name (please print):** \_\_\_\_\_ **MD, DO, PA or NP (please circle)**

**License #:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_

**Practitioner Name/ Stamp (If available):** \_\_\_\_\_

**Signature of Authorized HCP:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Attestation (Parent/Guardian if less than 18 years old)**

By signing this Medical Exemption Request, the student, and, if a minor, their parent or legal guardian, attests that they cannot receive a COVID-19 vaccination because of the medical contraindication described above. Student and, if a minor, their parent or legal guardian, acknowledges that an unvaccinated student is at greater risk of becoming ill with COVID-19.

If/when the student no longer has a medical contraindication to COVID-19 vaccination, they agree to receive COVID-19 vaccination and submit proof of vaccination.

The undersigned understands this Medical Exemption Request and has had the opportunity to ask questions about it. The undersigned verifies the truth and accuracy of the statements in this Medical Exemption Request.

**Student Signature:** \_\_\_\_\_

**Parent/Guardian Signature (if individual is under 18 years old):** \_\_\_\_\_

**FOR USE BY USC STUDENT HEALTH STAFF ONLY**

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

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

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

Reviewer Name (Print): \_\_\_\_\_

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