

USC COVID-19 Vaccination Policy

USC faculty and staff are required to submit proof of receipt of a COVID-19 vaccine.

Faculty/staff can request an exemption if they cannot receive the vaccine because of a medical contraindication or for disability or religious-related reasons (there is a separate form for religious accommodations).

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.

Full Name: _____ **Date of Birth:** _____ **USC ID (10 digits):** _____

- Contraindication Exemption:** The individual identified above has a medical contraindication recognized by the CDC for COVID-19 vaccination.
- Deferment:** The individual identified is requesting a deferment of vaccination due to a limited term inability to receive the COVID-19 vaccination (such as due to receipt of Monoclonal antibody or convalescent plasma for the treatment of COVID-19 in the last 90 days, pregnancy, or breastfeeding).

Please note: *Pregnant and recently pregnant people are more likely to get severe illness and/or suffer preterm birth with COVID-19 compared with non-pregnant people. **If you are pregnant or breastfeeding, you can receive a COVID-19 vaccine.***

Getting a COVID-19 vaccine during pregnancy can protect you from severe illness and pre-term birth from COVID-19. CDC Updated June 29, 2021

Expiration of deferment: _____

- Medical Exemption:** I certify that the individual identified above cannot safely receive the COVID-19 vaccination due to a medical condition. You may be contacted to provide additional supporting information regarding the condition.

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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: _____

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

By signing this Medical Exemption Request, the individual, 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. Individual and, if a minor, their parent or legal guardian, acknowledges that an unvaccinated individual is at greater risk of becoming ill with COVID-19.

If the reason selected above is related to a medical contraindication, if / when the individual 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.

Signature: _____

Parent/Guardian Signature (if individual is under 18 years old): _____

FOR USE BY USC STAFF ONLY

Date Received: _____

Date Approved: _____

Date Denied: _____

Reviewer Name (Print): _____

Reviewer Signature: _____