

USC COVID-19 Vaccination Policy

USC students are required to submit proof of receipt of a 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.

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

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

Exemption:

- Severe allergic reaction (e.g., anaphylaxis) after a previous dose of the COVID-19 vaccine.
- Immediate allergic reaction to any component of the vaccine, particularly polyethylene glycol (PEG) vaccine or polysorbate -80 which is defined as any hypersensitivity-related signs or symptoms consistent with urticaria, angioedema, respiratory distress (e.g., wheezing, stridor), or anaphylaxis that occur within four hours following administration.
- Immediate allergic reaction to a vaccine or injectable therapy which is defined as any hypersensitivity-related signs or symptoms consistent with urticaria, angioedema, respiratory distress (e.g., wheezing, stridor), or anaphylaxis that occur within four hours following administration.

Description of reaction:

Deferment:

- Receipt of Monoclonal antibody or convalescent plasma for the treatment of COVID-19 in the last 90 days.

Expiration of deferment: _____

*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

- Pregnancy/Breastfeeding

Expiration of deferment: _____

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I certify that the individual identified above cannot safely receive the COVID-19 vaccination due to the following medical condition

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/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: _____