

# Wake Forest University Student Health Service COVID-19 Vaccine Exemption Request Form

*This form will be reviewed by Student Health Service medical personnel and, if necessary,  
by the University's infectious diseases consultant.*

**Section I:** to be completed by student or guardian (if student is under 18)

Medical Exemption: See the [CDC guidance](#) regarding contraindications for COVID-19 vaccines.

Last Name	First Name	Middle Initial	Student Email	Date of Birth	WFU ID #

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Student or guardian if under 18*

**Section II:** Medical Exemption Request (to be completed by medical provider)

Medical Provider Certification of Contraindication: I certify that my patient (named above) should not be vaccinated against COVID-19 because they have one of the following contraindications:

- Documented anaphylactic allergic reaction or other severe adverse reaction to any COVID-19 vaccine – e.g., cardiovascular changes, respiratory distress, or history of treatment with epinephrine or other emergency medical attention to control symptoms. Generally does not include gastro-intestinal symptoms as the sole presentation of allergy. Describe the specific reaction:

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

- Documented allergy to a component of the vaccine – does not include sore arm, local reaction or subsequent respiratory tract infection. Describe the specific reaction:

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

- Other documented contraindication. Please Explain: *Information to be reviewed by infectious disease consultants for approval.*

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

Signature of Healthcare Provider:	
Name (print):	Address/Clinic Stamp:
Signature:	Phone:

Once completed, students should upload the signed form to the document upload section of your Student Health Portal.  
Questions: please contact Student Health Service at [shs@wfu.edu](mailto:shs@wfu.edu) or 336.758.5218.

**Section III: Religious Beliefs Exemption Request (to be completed by student or guardian if under 18)**

Requests for exemption based on religious beliefs: if the bona fide religious beliefs of a student (or the parent, guardian if under age 18) are contrary to the immunization requirement for a COVID-19 vaccine, the student will be exempt of the requirement upon submission of a written statement below of the bona fide religious beliefs and opposition to the immunization requirement.

**Student statement:**

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Signature: \_\_\_\_\_  
*Student or guardian if under 18*

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

Once completed, students should upload the signed form to the document upload section of your Student Health Portal.  
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