

WOFFORD COLLEGE

Student Exemption Request Form

Section I: To be completed by student or guardian (if student is under 18).

Name _____
Last First Middle Initial

Student Email _____ Wofford ID # _____

Date of Birth _____

Signature _____ Date _____

Student or guardian if the student is 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 the patient has one of the following contraindications:

Documented anaphylactic allergic reaction or other severe adverse reaction to any COVID-19 vaccine (For example, cardiovascular changes, respiratory distress or history of treatment with epinephrine or other emergency medical attention to control symptoms. This, generally, does not include gastrointestinal 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:

Another documented contraindication. (Information to be reviewed by infectious disease consultants for approval.) Please explain: _____

Healthcare Provider (please print) _____

Address/Clinic Stamp _____

Signature _____

Phone _____

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

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

The Religious Exemption form should be used by those who in the past have NOT been vaccinated due to religious beliefs. 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:

Signature _____ Date _____

Student or guardian if student is under 18.

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

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