



Crete Student Vaccination Exemption Request

Doane University requires the following vaccines for Crete students:

COVID-19 Vaccine — J&J, Pfizer or Moderna

Vaccinations are an essential part of the health and safety of our Doane community. The risk of contagious diseases includes others on campus, not only the unvaccinated individual.

Only documented medical or religious exemptions are allowed.

To request an **EXEMPTION** from vaccination, submit this form along with any relevant documentation to the Student Health Portal. Requests will be reviewed by Student Health Services.

To upload documents to the [Student Health Portal](#).

1. Login with your Doane username and password
2. Use the document upload tab and select immunization
3. Attach the completed form and click submit



Request for Medical Exemption from Required COVID-19 Vaccination Part I

Please complete parts I and II for the medical exemption form:

1) TO BE COMPLETED BY STUDENT

I, the undersigned Doane University student, object to the COVID-19 immunization requirement and request a medical exemption as supported by my medical provider.

Student Signature	DOB	Student ID#	Date
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Student Name (Printed) Home Address

City/State/ZIP	Phone #
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2) TO BE COMPLETED BY MEDICAL PROVIDER

This section is to be completed and signed by a licensed medical professional (M.D., D.O., PA-C, or APRN) who is or who works in the same practice as the student's primary care provider, and documents the provider's professional opinion that a required immunization would be harmful to the student or would pose risk to someone within the student's household.

In my opinion, the required COVID-19 immunization would be harmful to the student or would pose a risk to someone within the student's household.

Practitioner Signature	License #	Date Signed
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Practitioner Name (Printed)	Address	City/State/ZIP	Phone
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Request for Medical Exemption from Required COVID-19 Vaccination Part II

Vaccination Exemption Acknowledgement of Responsibility Agreement

If I choose not to be vaccinated, I accept the following consequences associated with this decision. I **acknowledge this by initialing the following statements (X and check marks are not accepted.)**

____ I agree to engage in reasonable risk mitigation strategies as recommended by the university, which include wearing a mask, avoiding close contact, and any screening/testing procedures required for those who are not vaccinated.

____ I understand that I am required to be tested for COVID-19 (by use of a PCR test) within 72 hours of arriving on campus at the beginning of each semester. Results must be uploaded to the Student Health Portal prior to moving into the residence hall, or prior to attending classes and participating in activities if living off campus.

____ I understand that I am required to be tested on campus, as determined by the student health office (every 2-3 weeks).

____ I understand that if I do not attend required testing clinics, it is my responsibility to work with the student health office within two days of the missed testing clinic to define a plan to complete testing. I understand If I fail to complete the testing requirement I will be subject to disciplinary action through the campus judicial affairs process.

____ I agree to promptly notify Doane University Student Health Services if I have symptoms of COVID-19, test positive for COVID-19, or have a suspected exposure to COVID-19.

____ I agree to isolate or quarantine on- or off-campus if required by Student Health Services or the local health department.

____ I understand that in the occurrence of an outbreak, I may be asked to leave campus for my own safety until the threat is mitigated.

____ I agree to assume the risk of potential exposure to, and illness from, COVID-19 and to hold Doane University and its employees harmless from the consequence or effects of such exposure and illness.



Request for Religious Exemption from Required COVID-19 Vaccination Part II

Vaccination Exemption Acknowledgement of Responsibility Agreement

If I choose not to be vaccinated, I accept the following consequences associated with this decision. I **acknowledge this by initialing the following statements (X and check marks are not accepted.)**

____ I agree to engage in reasonable risk mitigation strategies as recommended by the university, which include wearing a mask, avoiding close contact, and any screening/testing procedures required for those who are not vaccinated.

____ I understand that I am required to be tested for COVID-19 (by use of a PCR test) within 72 hours of arriving on campus at the beginning of each semester. Results must be uploaded to the Student Health Portal prior to moving into the residence hall, or prior to attending classes and participating in activities if living off campus.

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____ I agree to isolate or quarantine on- or off-campus if required by Student Health Services or the local health department.

____ I understand that in the occurrence of an outbreak, I may be asked to leave campus for my own safety until the threat is mitigated.

____ I agree to assume the risk of potential exposure to, and illness from, COVID-19 and to hold Doane University and its employees harmless from the consequence or effects of such exposure and illness.



Vaccination Extension Acknowledgement of Responsibility Agreement

If I choose not to be vaccinated, I accept the following consequences associated with this decision. **I acknowledge this by initialing the following statements (X and check marks are not accepted.)**

____ I agree to engage in reasonable risk mitigation strategies as recommended by the university, which include wearing a mask, avoiding close contact, and any screening/testing procedures required for those who are not vaccinated.

____ I understand that I am required to be tested for COVID-19 (by use of a PCR test) within 72 hours of arriving on campus at the beginning of each semester. Results must be uploaded to the Student Health Portal prior to moving into the residence hall, or prior to attending classes and participating in activities if living off campus.

____ I understand that I am required to be tested on campus, as determined by the student health office (every 2-3 weeks).

____ I understand that if I do not attend required testing clinics, it is my responsibility to work with the student health office within two days of the missed testing clinic to define a plan to complete testing. I understand If I fail to complete the testing requirement I will be subject to disciplinary action through the campus judicial affairs process.

____ I agree to promptly notify Doane University Student Health Services if I have symptoms of COVID-19, test positive for COVID-19, or have a suspected exposure to COVID-19.

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____ I understand that in the occurrence of an outbreak, I may be asked to leave campus for my own safety until the threat is mitigated.

____ I agree to assume the risk of potential exposure to, and illness from, COVID-19 and to hold Doane University and its employees harmless from the consequence or effects of such exposure and illness.