



TO BE COMPLETED BY A MEDICAL PROVIDER

Medical Certification for SARS-CoV-2 Vaccination Exemption

Student name: _____

Dear Medical Provider,

University of Detroit Mercy requires vaccination against SARS-CoV-2 as a condition of enrollment/attendance. The COVID-19 virus poses a direct threat to the health of our university community. The individual named above is seeking an exemption to this policy due to medical contraindications.

Please complete this form to assist the University in the reasonable accommodation process.

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| The person named above should not receive any SARS-CoV-2 vaccination due to: |
| This exemption should be: <input type="checkbox"/> Temporary, expiring on: __/__/__, or when _____ <input type="checkbox"/> Permanent |

I certify the above information to be true and accurate, and request exemption from the SARS-CoV-2 vaccination requirement for the above-named individual.

| | |
|--------------------------------|-----------------|
| Medical Provider Name (print): | |
| Medical Provide Signature: | Date: |
| Practice Name & Address: | Provider Phone: |

Wellness Center Personnel USE ONLY

Date of initial request: __/__/__

Date certification received: __/__/__

Accommodation request:

Approved __/__/__

Describe specific accommodation details:

Denied __/__/__

Describe why accommodation is denied:
