

The College of New Jersey
COVID-19 VACCINE MEDICAL EXEMPTION FORM

Name of Student:	Date of Birth	TCNJ ID#
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To be completed by a physician licensed to practice medicine or osteopathy, or an advanced practice nurse, in any jurisdiction of the U.S., or in any foreign country:

A mandatory COVID-19 vaccination policy is in effect at The College of New Jersey. The above-named student is requesting a medical exemption from this vaccination requirement. A medical exemption may be granted when a physician licensed to practice medicine or osteopathy, or an advanced practice nurse, in any jurisdiction of the U.S., or in any foreign country, indicates that COVID-19 vaccine is medically contraindicated for a specific period of time and providing the reason(s) for the medical contraindication. Contraindications and precautions to COVID-19 vaccines can be found on the CDC webpage, <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#Contraindications>. Please review this webpage to ensure that you have the most recent CDC contraindications and precautions to COVID-19 vaccines. This completed form may be returned to the student.

Exemption Length	CDC Contraindication
<input type="checkbox"/> Temporary through: ___/___/___ <input type="checkbox"/> Permanent	<input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine <input type="checkbox"/> Immediate allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine. The list of COVID-19 vaccine components can be found in Appendix C of the CDC Interim Clinical Consideration for Use of COVID-19 Vaccines Currently Authorized in the U.S. at https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html .

Exemption Length	CDC Precaution
<input type="checkbox"/> Temporary through: ___/___/___ <input type="checkbox"/> Permanent	Precautions to COVID-19 vaccination can be found on the CDC webpage, https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#Contraindications . <input type="checkbox"/> The physical condition of the student or medical circumstances relating to the student are such that COVID-19 is not considered safe. Please indicate in the space below or in a separate narrative attachment the specific nature of the medical condition or circumstances that contraindicate immunization with the COVID-19 vaccine.

Attestation

By signing below, I affirm that I have reviewed the current CDC Contraindications and Precautions for COVID-19 Vaccinations. I understand that I might be required to submit supporting medical documentation.

Healthcare Provider Name (please print): _____ Specialty: _____

NPI Number: _____ License Number: _____ State of Licensure: _____

Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Signature: _____ Date: _____