

UNIVERSITY OF CALIFORNIA
 MEDICAL EXEMPTION REQUEST FORM
 Accommodation to SARS-CoV-2 (COVID-19) Vaccination Requirement

CAMPER'S FULL NAME [REDACTED]	CAMPER'S DATE OF BIRTH [REDACTED]
IF CAMPER IS UNDER 18, FULL NAME OF CAMPER'S PARENT/GUARDIAN COMPLETING THIS FORM [REDACTED]	
PHONE NUMBER [REDACTED]	EMAIL [REDACTED]
LIST ALL CAMP(S) AND DATES ATTENDING (requests must be submitted at least three (3) weeks before the first camp date)	
Camp Name: [REDACTED] Dates: [REDACTED]	
Camp Name: [REDACTED] Dates: [REDACTED]	
Camp Name: [REDACTED] Dates: [REDACTED]	

Select Vaccine Series

<input type="checkbox"/> Initial Series	<input type="checkbox"/> First Booster
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This form should be used to request an Exception to the COVID-19 vaccination requirement in the University's SARSCoV-2 Vaccination Program Policy based on (a) Medical Exemption due to a Contraindication or Precaution to COVID-19 vaccination recognized by the U.S. Centers for Disease Control and Prevention (CDC) or by the vaccines' manufacturers; b) Medical Exemption due to COVID-19 diagnosis or treatment within the last 90 days; or (c) Disability.

Fill out Part A to request a Medical Exemption due to Contraindication or Precaution. Fill out Part B to request a Medical Exemption due to COVID-19 diagnosis or treatment within the last

90 days. Fill out Part C to request an Exception based on Disability. More than one section may be completed if applicable. Important: Do not identify any diagnosis, disability, or other medical information (other than COVID-19 diagnosis in Part B). That information is not required to process your request.

Part A: Request for Medical Exemption Due to Contraindication or Precaution

The Contraindications or Precautions to COVID-19 vaccination recognized by the CDC or by the vaccines' manufacturers apply to me with respect to all available COVID-19 vaccines. For that reason, I am requesting an Exception to the COVID-19 vaccination requirement based on Medical Exemption. My request is supported by the attached certification from my health care provider. **I understand that some local (city/county) public health departments have issued orders specifying that the certification must be signed by a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician.**

Part B: Request for Medical Exemption Due to COVID-19 Diagnosis or Treatment

I have been diagnosed with or treated for COVID-19 within the last 90 days. For that reason, I am requesting an Exception to the COVID-19 vaccination requirement based on Medical Exemption. My request is supported by the attached certification from my health care provider. **I understand that some local (city/county) public health departments have issued orders specifying that the certification must be signed by a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician.**

Part C: Request for Exception Based on Disability

I have a Disability and am requesting an Exception to the COVID-19 vaccination requirement as a Disability accommodation. My request is supported by the attached certification from my health care provider. **I understand that some local (city/county) public health departments have issued orders specifying that the certification must be signed by a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician.**

Please provide any additional information that you think may be helpful in processing your request. **Again, do not identify your diagnosis, disability, or other medical information.**

While my request is pending (if, for example, it is not submitted timely), I understand that I/the camper must comply with the Non-Pharmaceutical Interventions (*e.g.*, face coverings, regular

asymptomatic testing) for unvaccinated or not fully vaccinated individuals as a condition of my/the camper's Physical Presence at any University Location/ Facility or Program. These required Non-Pharmaceutical Interventions are defined by the UC Location's public health, environmental health and safety, occupational health, or infection prevention authorities, including the Location Vaccine Authority. I also understand that I/the camper must comply with any additional Non-Pharmaceutical Interventions applicable to my/the camper's circumstances or position, as required by the UC Location. If my request is granted, I understand that I/the camper will be required to comply with Non-Pharmaceutical Interventions specified by the UC Location as a condition of my/the camper's Physical Presence at any University Location/Facility or Program.

I verify the truth and accuracy of the statements in this request form.

Signature of Camper/Parent/Guardian (select one): [REDACTED]

Date: [REDACTED]

Date Received by University: [REDACTED]

Received by: [REDACTED]

A-C PRIVILEGE - DRAFT