



Rocky Vista University
COVID-19 Vaccine Exemption Form
(Student Version)

I certify that I am unable to receive the COVID-19 vaccine(s) for the following reason:

Medical Exemption- must be signed by healthcare provider (DO, MD, NP or PA Only)	
<input type="checkbox"/> I am allergic and/or have had a severe reaction to one or more ingredients in the COVID-19 vaccines.	
<input type="checkbox"/> I have pre-existing or current conditions that preclude me from receiving the COVID-19 vaccine(s).	
Healthcare Provider Signature AND Provider's stamp is required for a medical exemption on this form to be reviewed by a medical director.	
Provider's Signature: _____ Date: _____ Provider Name (printed): _____ Phone Number: (____) ____ - ____	<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <i>Place Provider Stamp Here</i> </div>
Religious Exemption- exemptions to annual COVID-19 vaccination for sincerely held religious beliefs are recognized, please complete the below:	
Please describe the religious belief that is contrary to COVID-19 vaccination: _____ _____	
Description of how you live this belief in your daily life that demonstrates it is sincerely held: _____ _____	
<i>Submission of a note from your religious leader can be sent to accompany this form for a permanent exemption review. If you do not submit a letter from your leader, a temporary exemption will be considered and required to be updated each year.</i>	

I, _____, certify that I have had a chance to review the COVID-19 vaccination policy and have my questions answered. I understand the risks of not receiving the vaccine and accept those associated risks. Additionally, I understand that I will be required to submit to additional safety protocols and requirements. I further certify that the above information is true.

_____	_____
Print Name	Date of Birth
_____	_____
Signature	Date
Program (COM, MSBS, PA): _____	Campus (CO, UT): _____

Submit your completed form as a PDF document to <https://mysentrymd.com/sentrymd.html#/upload/39>
 All submissions will be reviewed within one week of receipt.

Please note that clinical sites must credential students to be eligible to do Clerkship Rotations. These eligibility requirements include proof of immunizations and proof of immunity. It is possible that a clinical site will deny a student access to its facility if a student declines a required immunization. In such instances RVU will strive to find alternate sites for the student to complete clinical training.

If you have any questions, please email RVU@SentryMD.com