

**REQUEST FOR TEMPORARY EXEMPTION FROM THE COVID-19 VACCINE
REQUIREMENT
ON THE BASIS OF VACCINES' EMERGENCY USE AUTHORIZATION
STATUS**

LAST NAME:	FIRST NAME:	MI:
STUDENT ID (8-DIGITS):	DATE OF BIRTH:	
UCHICAGO E-MAIL:		
PHONE NUMBER:		
SCHOOL/ DIVISION:		
PLEASE DESCRIBE THE REASON(S) YOU ARE REQUESTING THIS EXEMPTION:		

By signing below, I acknowledge that I have read and understand the following before applying for this exemption:

- Once a vaccine that is readily available in the U.S. becomes fully FDA approved, this temporary exemption will expire and I will need to promptly be vaccinated and submit proof of vaccination.
- Unvaccinated students with an approved exemption, or who are in the process of being fully vaccinated, will be subject to weekly testing and may be required to follow additional mitigation measures in order to participate in University in-person activities or come to any University facility.¹
- This exemption does not apply to non-COVID immunization requirements. I understand that I need to comply with the University's [non-COVID-related immunization requirements](#), if I have not already done so.
- I may be contacted to discuss this request.
- If I have questions associated with the Emergency Use Authorization (EUA) status of the COVID-19 vaccines available in the U.S., I may contact Student Wellness at studentwellness@uchospitals.edu.

¹ University facility includes all owned or leased buildings with University offices, laboratories, classrooms, libraries, cafes, residence halls, museums, performance spaces, or other University facility in Hyde Park and greater Chicago, and the Howard T. Ricketts Laboratory in Lemont, Illinois. This does not include the National Laboratories and does not include property leased to third parties by the University's Commercial Real Estate Operations.

- COVID-19 is a serious disease that has killed nearly 600,000 persons in the United States as of June 8, 2021.
- Public health officials and the University of Chicago recommend that I receive a COVID-19 vaccination to protect myself and others, at school, at home and in communities that I am part of from the disease, its complications, and death.
- I understand that I may be exposed to the COVID-19 virus through any community I am part of or at school.
- If I become infected with the COVID-19 virus, even when my symptoms are mild or non-existent, I understand that I can spread severe illness to others.
- I understand that not being vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including my classmates, my family, and communities I am part of.

Printed Name of Student (or guardian)

Signature of Student (or guardian)

Date

*****Please email this form to studentwellness@uchospitals.edu*****