

**REQUEST FOR TEMPORARY EXEMPTION FROM THE COVID-19 VACCINE
REQUIREMENT
DUE TO RECENT COVID-POSITIVE DIAGNOSIS**

Please note: students who have recently tested positive for COVID-19 may be granted, upon request, an exemption from the COVID-19 vaccine requirement for 90 days after their positive test. Students requesting the 90-day exemption do not need to complete this form and instead should email their positive test results to studentwellness@uchospitals.edu.

This form is to be used only by students who have tested positive for COVID-19, been granted an initial 90-day exemption, and are requesting a further modification of this exemption beyond the initial 90-day period.

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 A TEMPORARY MODIFICATION TO THIS EXEMPTION:		

By signing below, I agree that I understand the following:

- This request will be evaluated on a case-by-case basis by a medical professional at UChicago Student Wellness and that I may be contacted to discuss this request.
- Irrespective of this exemption, if I have not been vaccinated for COVID-19 90-days after a positive COVID-19 test result and wish to participate in University in-person activities or come to any University facility¹, I will need to participate in a weekly COVID-19 surveillance testing program and may be required to follow additional mitigation measures.
- 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.
- COVID-19 is a serious disease that has killed more than 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*****

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.