



COVID-19 Vaccination Medical Exemption Student Request Form

Student Health
and Wellness Center

Student Name _____ Student ID # _____

Student Email _____ Phone Number _____

To request an exemption from a required COVID-19 vaccination due to medical reasons, students must: (i) complete this form, and (ii) submit an exemption form signed by a licensed medical provider. Students and medical providers can access forms through UAF SHCC's website: <https://uaf.edu/chc/forms>. Printable forms are available and can be uploaded to the Patient Portal by the student. Forms can also be completed online and signed digitally. Students will be notified of the exemption status within three (3) business days.

Student Name _____ Student ID # _____