COVID-19 Exemption Request & Attestation for the College of Health Professions

- *It is important you read this information in its entirety.
- *All requests will be reviewed by and are subject to the approval of the Dean's Office, College of Health Professions.

Student Name:		
Last	First	Middle
Student T-Number:	Date of Birth:	
Current Address:		MM/DD/YEAR
	Street Address	
CITY	STATE	ZIP
University Email:		
Telephone Number (mobile):		
Please indicate your exemption need below:		
Requesting complete exemption from CC	OVID-19 vaccination	
Requesting deferral until additional dose i	s received	
Please indicate the requested exemption categ	ory below:	
Medical Exemption Faith-Based St	incerely Held Belief Exemption	Deferral for 30 Days to Reach Full Vaccination
Please detail your reason for the request. Esse of exemption.	entially, how does receiving the va	
Clinical opportunities may require vaccination Detroit Mercy is not able to place students in a	9	•
 You are not guaranteed a clinical site 	-	
 An exemption from vaccination against faith-based exemption from University requirement; 		
 Detroit Mercy is not responsible for p requirement. 	roviding clinical opportunities in	locations without a vaccine
I understand that I cannot be gua	ranteed a clinical site oppo	ortunity that coincides with an
exempt status even if approved for If you have documentation specific to you		la arres arres en els farma

Return this form to: