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	
СІТҮ	STATE	ZIP
University Email:		
Telephone Number (mobile):		
Please indicate your exemption need be	low:	
Requesting complete exemption fro	om COVID-19 vaccination	
Requesting deferral until additional	dose is received	
Please indicate the requested exemption	ı category below:	
Medical Exemption Faith-Ba	ased Sincerely Held Belief Exemption	Deferral for 30 Days to Reach
Please detail your reason for the request	t. Essentially, how does receiving the vacc	Full Vaccination Full Vaccination conflict with your category
of exemption.		
Clinical opportunities may require vaccin	nation against COVID-19 as a condition	of clinical involvement. University of
•	nts in a location based upon vaccination s	
9	al site placement if your vaccination status against COVID-19 if subject to the site a	•
	iversity of Detroit Mercy, this may not be	
-	e for providing clinical opportunities in lo	ocations without a vaccine
☐ I understand that I cannot be	e guaranteed a clinical site oppor	tunity that coincides with an
exempt status even if approver	ved for University exemption.	-
If you have documentation specific	to your request, you may attach those do	cuments to this form