## 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.

Last	First	Middle
Student T-Number:	Date of Birth:	
		MM/DD/YEAR
Current Address:	Street Address	
СІТҮ	STATE	ZIP
University Email:		
Telephone Number (mobile):		
Please indicate your exemption need below:		
Requesting complete exemption from CO	VID-19 vaccination	
Requesting deferral until additional dose is	received	
Please indicate the requested exemption categor	ry below:	
Medical Exemption Faith-Based Sir	ncerely Held Belief Exemption	Deferral for 30 Days to Reach
Please detail your reason for the request. Esser of exemption.	ntially, how does receiving the vac	Full Vaccination conflict with your category
Clinical opportunities may require vaccination: Detroit Mercy is not able to place students in a  • You are not guaranteed a clinical site p  • An exemption from vaccination against faith-based exemption from University requirement;  • Detroit Mercy is not responsible for prequirement.	location based upon vaccination lacement if your vaccination statute COVID-19 if subject to the site of Detroit Mercy, this may not be	status. This means that: as differs from the site requirement; allowance. If you have an approved e acceptable to fulfill the given site

If you have documentation specific to your request, you may attach those documents to this form

**Return this form to:** 

Compliance Office, College of Health Professions: chpcomplianceoffice@udmercy.edu