



SOUTHWEST COLLEGE OF  
NATUROPATHIC MEDICINE  
& HEALTH SCIENCES

## Medical Vaccine Exemption Accommodation Request

Complete this form to request a medical exemption to vaccine requirements.

Name		Student I.D. #	
Phone #		SCNM Email	

Southwest College of Naturopathic Medicine & Health Sciences (SCNM) is committed to providing equal access to education without regard to any protected status and an environment that is free of unlawful harassment, discrimination, and retaliation. As such, SCNM is committed to complying with all laws protecting individuals with disabilities or medical conditions. When requested, SCNM will provide an exemption/reasonable accommodation for any known medical condition or disability of a qualified individual which prevents the student from receiving a required vaccine, provided the requested accommodation is reasonable and does not create an undue hardship for SCNM and/or pose a direct threat to the health or safety of other students and/or to the requesting student.

***NOTE: Exemptions to vaccines can only be provided for SCNM operated functions and locations. Third party organizations affiliated with the college may have their own requirements that are not subject to SCNM's exemption agreements.***

Information collected as part of this request will be used by the Dean of Students Office and the Medical Exemption Committee to determine whether a student is eligible for such exemption/accommodation and if so, to determine the reasonable accommodations which can be provided that would enable the student to effectively complete and achieve the requirements of the program of study without posing a threat of harm to self or others. Refusal to provide information may impact the committee's ability to fully understand the request.

### **Request for Exemption**

Identify the specific vaccine(s) for which you are requesting an exemption accommodation.

- Measles, Mumps, Rubella (MMR)
- COVID-19
- Other: (please identify) \_\_\_\_\_

Identify the underlying medical diagnosis impacting this vaccination requirement.

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**Verification and Accuracy**

- I verify that the information I am submitting in support of my request for an accommodation is complete and accurate to the best of my knowledge. Initials: \_\_\_\_\_
- I understand and assume any risks of medical exemptions impacting me in an unforeseen manner, and accept full responsibility for my request, thus removing liability from SCNM. Initials: \_\_\_\_\_
- I understand that my request for an accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of other students and/or to me, or if it creates an undue hardship on SCNM. Initials: \_\_\_\_\_
- I understand that I may be required to comply with additional preventative measures or alternative requirements, such as alternative methods of antibody detection, regular testing, etc., to protect my health and those of the SCNM community. Initials: \_\_\_\_\_
- I understand that due to situations on any campus or other public health requirements, I may be temporarily excluded from in-person courses, activities and facilities, and that temporary exclusion from campus does not entitle me to tuition refunds. Initials: \_\_\_\_\_
- I have read and understand SCNM’s Leave of Absence (LOA) policy and may need to utilize an LOA during periods of identified outbreaks with high transmission rates. Initials: \_\_\_\_\_
- I understand that any intentional misrepresentation contained in this request may result in disciplinary action, up to and including dismissal. Initials: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Part 2 - To be Complete and Certified by Your Healthcare Provider only**

Attention Medical Provider;

SCNM requires an MMR and COVID-19 vaccination for students to attend courses on campus. Additionally, some affiliated clinic locations require additional vaccination as a condition of study at their location. Your patient is requesting an exemption from this requirement. A medical exemption a vaccination may be allowed for certain recognized contraindications:

1. A physical condition of or medical circumstances relating to the student where immunization is not considered safe, dependent upon the specific nature and probable duration of the medical condition or circumstances.
2. An applicable vaccine contraindication identified by the Center for Disease Control.
3. An applicable vaccine contraindication found in the manufacturer's package insert for the vaccine.

Please note that a vaccine accommodation statement can only be authorized by a licensed, treating physician (MD or DO). The physician may not be an employee of SCNM or of an affiliated clinic location associated with SCNM.

If you have any questions about this certification, please contact the Dean of Students at (480 222-9237. Thank you.

**I certify that Student (full name) \_\_\_\_\_, a patient under my care and practice, should not receive the following vaccines:**

- Measles, Mumps, Rubella (MMR)
- COVID-19
- Other: (please identify) \_\_\_\_\_

**Due to the following contraindications (check all that apply):**

- History of previous allergic reaction to indicate an immediate hypersensitivity reaction to a component of the identified vaccines.
- The physical condition of the person or medical circumstances relating to the person are such that immunization is not considered safe. Please indicate the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization.
- Other – Please provide greater detail in a separate narrative that describes the exemption.

**I request a medical exemption from identified vaccination requirements for this student.**

Medical Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

License #: \_\_\_\_\_ State of Licensure: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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*Student: Please email completed form to the Dean of Students ([DOS@scnm.edu](mailto:DOS@scnm.edu)). The Dean of Students will review your request with the Medical Exemption Committee and notify you of their decision. If you are unable or unwilling to attend during this time, please speak with your Academic Advisor about enrollment options.*

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***Dean of Students Office only below this line***

Date Received by DOS Office: \_\_\_\_\_ Date Routed to Reviewers: \_\_\_\_\_

Reviewer #1: \_\_\_\_\_ Review Date: \_\_\_\_\_

Exemption granted: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Reviewer #2: \_\_\_\_\_ Review Date: \_\_\_\_\_

Exemption granted: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Reviewer #2: \_\_\_\_\_ Review Date: \_\_\_\_\_

Exemption granted: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Exemption Summary

Approved Exemption and program alternatives:

Additional student requirements:

Reason for denial, if applicable: