



Infirmary

Cadet legal name _____ Date of birth _____

Request for medical exemption related to COVID-19 vaccine

Part I—to be completed by a health care provider

<p><i>I certify that administration of the COVID-19 vaccine would be detrimental to this cadet's health. The vaccine is specifically contraindicated because (please specify):</i></p>	
<p>This contraindication is: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary</p>	
And expected to preclude immunizations until	Date

Health care provider:

Medical Provider/Health Department Official (<i>print name</i>):	
Signature	Date
Address	Phone



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Cadet legal name _____ Date of birth _____

Important note: This exemption is only valid for the 2021-2022 academic year.

As a cadet with this exemption, I understand and certify:

- I will comply with testing as directed by the Institute; at minimum, this will include mandatory testing prior to the start of each semester and weekly prevalence testing throughout the academic year.
- I will submit to self-isolation or quarantine in a designated facility and follow the directions of Institute officials regarding monitoring and self-care in any circumstance (1) where there is a reasonable belief that I have been exposed to an individual who has tested positive or suspected positive for COVID-19, (2) when I may be experiencing any symptom(s) consistent with COVID-19, or (3) if I test positive or suspected positive for COVID-19, until such time as my symptoms resolve and I may be tested and medically cleared to resume participation in Institute activities.
- I will respond promptly to outreach from the Virginia Department of Health officials and provide all requested information to them regarding my contacts with individuals and cooperate with any contact tracing or other information gathering processes designed to identify risks of virus transmission to others.
- I will follow any additional public health protective measures, which may evolve based on the overall course of the pandemic, as required by Institute policy.
- In the event of an outbreak or a threatened outbreak of COVID-19, I will comply with any Institute directive that may bar me from living, learning, and/or participating in Institute-approved activities. I understand that any such restrictions will not entitle me to reductions in tuition, required charges, or other Institute fees.
- If isolated (due to positive COVID test) or quarantined (due to time and proximity to another individual who tested positive), I will be assigned an isolation/quarantine location on VMI post (at no cost to the cadet).
 - » VMI will ensure isolated/quarantined cadets are provided three meals a day and receive proper health and welfare checks.
 - » Classroom instruction will revert to distance learning for cadets isolated or quarantined.
- Non-vaccinated cadets may be restricted from certain travel (i.e. corps trips, club sports trips, etc.).

I certify that the information I have provided in connection with this request is accurate and complete and the exemption may be revoked if any false information has been used to request an exemption. I understand that although the Virginia Military Institute holds the health and safety of its community as paramount, there is no guarantee that I will not be exposed to or infected with COVID-19. I have reviewed the CDC's information on the benefits of getting a COVID-19 vaccine (www.cdc.gov/coronavirus/2019-ncov/vaccines/vaccine-benefits.html) and understand that, as an unvaccinated individual, my physical presence as well as participation and utilization of facilities, services, and programs at the Virginia Military Institute may carry heightened risks that cannot be eliminated regardless of the care and reasonable efforts taken to avoid and mitigate those risks. Despite these risks, I chose not to be vaccinated. I have read and fully understand my obligations as described above and request this exemption related to COVID-19 vaccine.

Signature of cadet/parent or guardian *(if a cadet is under 18)*

Please print and sign

Date