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**Medical Exemption Affidavit Regarding COVID-19 Immunization**  
 (Optional form – to be completed by a student if they are claiming an exemption)

Name: \_\_\_\_\_ Student ID#: X\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Otis College strives to provide a healthy and safe environment for our entire Otis College community. With the COVID-19 vaccine now readily available for all adults 16 years and older, Otis College has mandated all currently enrolled students to obtain the COVID vaccine. All students must show proof of obtaining one of the available COVID vaccines prior to the start of the 2021-2022 academic year.

In the event that a student is requesting an exemption based on medical contraindication, the following form must be completed and signed by the **Otis College student** and a **medical provider** then submitted to the Otis College Student Health and Wellness Center prior to the deadline date of **August 15, 2021**. This form must be reviewed with a medical provider annually and resubmitted every academic year by the student.

All medical exemption requests **require** a signed statement from a medical provider (MD, DO, NP or PA) stating the following (all of the below information must be included):

- ✓ If the exemption is permanent or temporary and if temporary, the expiration date of the exemption must be listed (the expiration date can be no more than 12 calendar months from the date of signing).
- ✓ The applicable CDC contraindication(s) for the vaccination <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#Appendix-B>

**OR**

- ✓ A statement that includes the specific nature of physical condition or medical circumstances relating to the person is such that immunization is not considered safe, indicating probable duration of the medical condition or circumstances that contraindicate immunization with the vaccine(s).

Medical Providers--please use space below. Please attach additional pages if needed.

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Please fax or mail this form to (310)846-5739 or 9045 Lincoln Blvd Ahmanson #107 Los Angeles, CA 90045

Should you have any questions, please call 310.846.5738

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Medical Provider Name

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Medical Provider Signature or Stamp

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Date

Otis College policy states that in the event of an outbreak of any vaccine preventable disease including COVID-19, for my protection and that of the Otis College community, students with an immunization exemption may be excluded from the College campus for all purposes. Purposes may include, but are not limited to: all classes, activities, travel, and housing through Otis College. Exclusion will remain in place until the outbreak is cleared by the Los Angeles County Department of Public Health. Submitting proof of immunization will allow for a student to remain on campus/return to campus. In the event that a student lives in Otis residential housing, they will be asked to isolate until cleared to move back to their previous Residence Hall room or apartment. Those in housing requiring medical isolation will be provided an isolation room in the Residence Hall.

Otis College Student--Please initial statements below.

By providing my initials below, I acknowledge that I understand the following statements:

\_\_\_\_\_ I understand that by claiming exemption for the above reason(s), and in the event of an outbreak of any vaccine preventable diseases, I will be excluded from the College campus as stated in the Otis College policy stated above.

\_\_\_\_\_ By not receiving the required COVID-19 vaccine, I understand that I will have to complete weekly COVID-19 tests and complete daily symptom reports when coming onto campus.

\_\_\_\_\_ I know that I may readdress this issue with my medical provider or with a medical provider in the Student Health and Wellness Center at any time and that I may change my mind and accept vaccination anytime in the future.

\_\_\_\_\_ I understand that I must review this form with my medical provider and resubmit a newly completed form every academic year.

\_\_\_\_\_ I understand that due to the pandemic, combined with any additional personal risk factors (*work exposure, comorbidities, congregate or group living status, etc.*) I may be at increased risk of acquiring COVID-19 with the potential for severe and fatal consequences. I understand that if I acquire COVID-19 I will place my colleagues, family, and others in the Otis College community at increased risk for COVID-19 including the potential for severe and fatal consequences.

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\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian, if the student is under 18 years old

\_\_\_\_\_  
Date

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