

FINLANDIA

UNIVERSITY

Finlandia University Medical Exemption

MEDICAL EXEMPTION

Finlandia University encourages vaccination of students against COVID-19. Vaccination helps protect the health and welfare of students, faculty, staff, and the surrounding community by limiting the spread of COVID-19 and the rise of variants.

Finlandia University understands that not every student is in a position to be vaccinated against COVID-19. Therefore, COVID-19 surveillance testing of students remains a part of Finlandia University's comprehensive approach to reduce transmission of the virus on campus. Students that are not fully vaccinated against COVID-19 are required to participate in weekly surveillance testing. The cost of surveillance testing may be charged to unvaccinated students who do not have an exemption on file. Finlandia University has established a process to have payment of the cost of testing waived for those who establish a medical reason not to be vaccinated.

To request a medical exemption, please complete all items on this form and submit the signed form and accompanying documentation to: **The Dean of Students Office**

- I have attached a letter signed by an advanced practice nurse or physician licensed to practice medicine or osteopathic medicine in any state or territory of the United States indicating that my physical condition is such that vaccination would endanger my life or health or is medically contraindicated due to other medical conditions. This letter includes the time period for which the exemption is required.
- I understand that Finlandia University may require individuals who are not fully vaccinated against COVID-19 to follow additional mitigation protocols, such as quarantining before arriving on campus, or after travel; social distancing; and wearing face coverings.
- I understand that under this exemption I may be instructed to remain away from campus, or quarantine, in the event of outbreak of disease, testing positive for COVID-19, or being identified as a close contact of someone who has tested positive for COVID-19.
- I understand that submission of this document does not constitute a request for accommodation related to my participation in academic or other programs as a student at Finlandia University and that I will need to contact Disability Support Services to engage in the interactive accommodation process.
- I have had the opportunity to review the information provided by the [Centers for Disease Control & Prevention](#) about the COVID-19 vaccines and how they work, as well as the [benefits of receiving the COVID-19 vaccine](#).

- I understand that I may change my mind at any time and accept COVID-19 vaccination in the future.
- I acknowledge that I have read this document in its entirety and the information I have provided on this form is complete and accurate.

Given the active pandemic, in the event of worsening conditions on campus, in the surrounding community, or in the state, students with an approved exemption for medical reasons may be instructed to remain away from campus, or quarantine, in the event of outbreak of disease, testing positive for COVID-19, or being identified as a close contact of someone who has tested positive for COVID-19. If this were to occur, Finlandia University will not refund tuition, fees, housing costs or other expenses for students who must leave campus.

I authorize The Dean of Students Office to disclose my personal information and this exemption to the Finlandia University Student Health Clinic Office and Student Accounts.

Student Name: _____ ID#: _____

Date of Birth: _____ Entrance Date: _____

Signature of student: _____ Date: _____

Signature of parent or guardian: _____ Date: _____
(if student is under 18 years of age)

Name of Parent/Guardian (if applicable): _____