



Non-Crete Student Vaccination Exemption Request

Doane University requires the following vaccines for students:

COVID-19 Vaccine — J&J, Pfizer or Moderna

Vaccinations are an essential part of the health and safety of our Doane community. The risk of contagious diseases includes others on campus, not only the unvaccinated individual.

Only documented medical or religious exemptions from the required vaccinations are allowed.

Students attending classes on any non-Crete campus can submit their vaccination extension request through the [Self Service portal on WebAdvisor](#). Requests will be reviewed by Student Health Services.

1. Go to [Self Service](#) and log in with your Doane username and password
2. Press the button labeled "Manage" on the far right
3. In the resulting popup, press "Choose File", select the completed document on your computer and then press "Upload"
4. After upload, press "Close" on the bottom of the popup.



Request for Medical Exemption from Required Vaccinations Part I

Please complete parts I and II of the medical exemption form:

1) TO BE COMPLETED BY STUDENT

I, the undersigned Doane University student, object to the COVID-19 immunization requirement and request a medical exemption as supported by my medical provider.

Student Signature DOB Student ID# Date

Student Name (Printed) Home Address

City/State/ZIP Phone #

2) TO BE COMPLETED BY MEDICAL PROVIDER

This section is to be completed and signed by a licensed medical professional (M.D., D.O., PA-C, or APRN) who is or who works in the same practice as the student's primary care provider, and documents the provider's professional opinion that a required immunization would be harmful to the student or would pose risk to someone within the student's household.

In my opinion, the required immunization for COVID-19 would be harmful to the student or would pose a risk to someone within the student's household.

Practitioner Signature License # Date Signed

Practitioner Name (Printed) Address City/State/ZIP Phone



Request for Medical Exemption from Required Vaccinations Part II

Vaccination Extension Acknowledgement of Responsibility Agreement

If I choose not to be vaccinated, I accept the following consequences associated with this decision. **I acknowledge this by initialing the following statements.**

___ I agree to engage in reasonable risk mitigation strategies as recommended by the university, including wearing a mask, avoiding close contact, and any screening/testing procedures required for those who are not vaccinated.

___ I agree to promptly upload positive tests for COVID-19 to WebAdvisor.

___ I agree to isolate or quarantine if I test positive for COVID-19, as required by my local health department or physician.

___ I understand that in the occurrence of an outbreak, I may be asked to leave campus for my own safety until the threat is mitigated.

___ I agree to assume the risk of potential exposure to, and illness from, COVID-19 and to hold Doane University and its employees harmless from the consequence or effects of such exposure and illness.



Request for Religious Exemption from Required Vaccinations Part II

Vaccination Extension Acknowledgement of Responsibility Agreement

If I choose not to be vaccinated, I accept the following consequences associated with this decision. **I acknowledge this by initialing the following statements.**

___ I agree to engage in reasonable risk mitigation strategies as recommended by the university, including wearing a mask, avoiding close contact, and any screening/testing procedures required for those who are not vaccinated.

___ I agree to promptly upload positive tests for COVID-19 to WebAdvisor.

___ I agree to isolate or quarantine if I test positive for COVID-19, as required by my local health department or physician.

___ I understand that in the occurrence of an outbreak, I may be asked to leave campus for my own safety until the threat is mitigated.

___ I agree to assume the risk of potential exposure to, and illness from, COVID-19 and to hold Doane University and its employees harmless from the consequence or effects of such exposure and illness.