

**530-N.1 MEDICAL Due Date Extension/General
Exemption Request for Hepatitis B – MMR – Tdap –
Varicella
Pages 1-5 REQUIRED**



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Requests for a medical extension (delayed due date) or exemption from routine clinical vaccinations may be initiated by submitting the completed **530-N.1 Medical Due Date Extension/Exemption Request** form (signatures must be within the past six months). All documentation confirming recognized clinical contraindications to **Hepatitis B, Measles/Mumps/Rubella (MMR), Tdap, or Varicella (Chickenpox)** vaccination must be signed and certified by a licensed health care provider (physician, nurse practitioner or physician assistant, not related to the student), whose specialty is appropriate to the associated condition and who certifies that the vaccine is detrimental to the student's health, in accordance with Centers for Disease Control and Prevention (CDC) guidelines. Completed form with associated documentation should be submitted a minimum of two weeks prior to the vaccination deadline to exemptions@mercycollege.edu.

Exemption request will be reviewed by the Office of Compliance and Risk Management and student will be notified via email within five (5) business days whether the exemption request has been denied, granted temporary approval, or if additional supporting documentation is required. Temporary approval is based on Bon Secours Mercy Health (BSMH) guidelines but is subject to each clinical agency's policies and/or guidelines established in the Clinical Agency Agreement. Student will be notified by the program administrator/clinical coordinator if the exemption has been granted or denied by the clinical agency to which student is assigned. **A reasonable attempt will be made to locate a clinical site that will accept the exemption request, but approval is granted by the clinical agency, not Mercy College; approval is not guaranteed; clinical placement is not guaranteed if student is unvaccinated. This decision is final and not subject to appeal.** Students are permitted to reapply if new documentation and information should become available.

STUDENT ACKNOWLEDGMENT (to be completed by student)

Student Name: _____ Date: _____

Program: _____

I am requesting a Medical : ☐ **EXTENSION** (delayed due date) **or** ☐ **EXEMPTION** from the following vaccination requirement(s):

☐ Hepatitis B ☐ MMR (Measles, Mumps, Rubella) ☐ Tdap ☐ Varicella (Chickenpox)

☐ Other _____

**NOTE: Medical Exemption for Influenza requires form 530-J.1
Medical Exemption for COVID-19 requires form 530-M.1**

☐ I have been advised by the College to inquire with possible future employers as to any limitations there may be to employment opportunities due to the documented inability to be vaccinated/complete the requirement(s) as noted above.

Office: Academic Affairs

Date: 12/17/21

Submit Completed Exemption Request and Documentation to exemptions@mercycollege.edu

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- ☐ By requesting a medical extension or exemption for the above vaccinations, I understand I am at risk of exposure and acquiring an illness. To decrease the risk of spreading disease, I will practice hand hygiene and use barriers such as gloves and a surgical mask when providing care to susceptible patients and when caring for patients with infectious respiratory illnesses, along with following standard Infection Control practices. My program administrator and clinical instructor will be informed that I have been exempted from the above vaccinations. If I develop symptoms of illness (fever, cough, chills, body aches, sore throat, runny nose, rash, vomiting, diarrhea, etc.) I will inform my clinical instructor and will stay home until I am cleared by my Medical Provider.
- ☐ I understand that if I am unvaccinated, in order to protect my own health and the health of the community, I will comply with assigned testing requirements and/or other preventive guidance as required by the clinical agency and/or Mercy College, and that I may be responsible for payment of such testing.
- ☐ I understand that in the event of an outbreak or threatened outbreak, I may be temporarily excluded from clinical experiences or activities. I agree to comply with these restrictions and accept responsibility for communicating with my program administrator/clinical coordinator in following compliance guidelines regarding health and safety requirements for unvaccinated individuals.
- ☐ I understand that this exemption will expire when the medical condition(s) contraindicating vaccination changes or if a subsequent clinical agency does not approve the exemption request.
- ☐ I understand that I may need to submit a new request for any subsequent changes, new medical contraindications, or on expiration of an approved exemption. I further understand that the approval is provisional based on current vaccination policies for each Clinical Agency and/or Mercy College and is subject to change based on requirements moving forward.
- ☐ I authorize my licensed health care provider to provide Mercy College with medical information about my medical extension or exemption request for the vaccines identified above.
- ☐ I certify that the information I have provided in connection with this request is accurate and complete as of the date of submission. I understand this exemption may be revoked and I may be subject to a student code of conduct violation if any of the information I provided in support of this exemption is false.

I understand and agree that if my medical extension or exemption is approved, I may be required to comply with preventive requirements as specified in clinical agency policies, information listed within this exemption approval, as well as any updated recommended guidelines based on CDC recommendations. In the event of an outbreak, individuals with exemptions may be excluded from clinical experiences and activities until the outbreak is declared to be over, and may be required to wear a surgical mask during direct patient care as determined by the local health department and the policies of the clinical agency and/or Mercy College.

Student Initials

Date

Office: Academic Affairs

Date: 12/17/21

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☐ The College and its employees have made no promises or guarantees about my ability to be placed at a clinical agency, clinical site or practicum site in order to complete the clinical component of my health program, and have made no representations regarding my ability to obtain licensure/credentialing or employment post-graduation. If this extension and/or exemption request is denied, it will prevent placement in clinical experiences and progression in the academic program. The College will make a reasonable attempt to find alternate clinical placements for students seeking extensions or exemptions for vaccinations, but it is at the discretion of clinical sites whether students are permitted to participate in clinical experiences. If my request is denied, I am required to receive the vaccination(s), or I will be unable to complete the health program and will be dismissed from the designated program in which I am enrolled.

STUDENT ACKNOWLEDGMENT (to be completed by student)

I am requesting a due date extension or exemption from one or more of the vaccinations marked on 530-N.1 page 1 due to my current medical condition. I understand and assume the risks of non-vaccination. I accept full responsibility for my health, thus removing liability for the required vaccinations from Mercy College or the clinical agency to which I am assigned. I understand and agree that if my medical exemption is approved, I may be required to comply with preventive requirements as specified in clinical agency policies, information listed within this exemption approval, as well as any updated recommended guidelines based on CDC recommendations. In the event of an outbreak, individuals with exemptions may be excluded from clinical experiences and activities until the outbreak is declared to be over

Student Name: _____

Email: _____

Program: _____

Phone: _____

Student Signature

Date

Administrative Use Only

Office: Academic Affairs

Date: 12/17/21

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HIPAA Authorization to Release Medical Information

Student Name: _____ Date of Birth: _____
(M/D/YYYY)

Provider Name: _____

Provider Address: _____

Provider Telephone #: _____ Provider Fax #: _____

I hereby voluntarily authorize the above-named physician/healthcare professional(s), including claims administrators, service providers and consultants acting on their behalf, to release my health information to Mercy College of Ohio. By signing this document, I authorize the health care provider listed above to release pertinent health information related to the requested exemption directly to Mercy College, unless a limitation is noted below. I am authorizing this release for the purpose of providing Mercy College with sufficient information to evaluate my condition and determine whether my condition is eligible for medical exemption for mandatory vaccines. This authorization expires at the later of when: (i) my medical exemption is approved or (ii) my medical exemption is denied.

Specific description of information to be used and disclosed (only complete this line if you are only releasing some, but not all, health information):

Unless a limitation is listed on the line above, this release includes medical history, diagnosis, prognosis, and treatment plans/recommendations. The release covers all requested medical records, including those completed in connection with any other exemption request.

I understand that:

- This authorization is voluntary, and I may refuse to sign it. Refusal to sign may result in the inability to verify medical information pertaining to my exemption request.
- I may revoke this authorization at any time prior to its expiration date by sending a written revocation notice to each provider that I previously authorized to disclose health information. The revocation will not have any effect on any actions that the provider took before it received the revocation notice.
- The information that is used or disclosed pursuant to this authorization may be redisclosed by the receiving person or organization and, upon redisclosure, no longer be protected by federal privacy laws.

Student Signature _____

Date _____

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. When the employee is seeking leave for a family member's serious health condition, "family medical history" is required to the extent necessary to ensure that the medical certification is complete and sufficient.
A photocopy or electronic copy of this authorization shall have the same authority as the original and may be used in place of the original.

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MEDICAL EXEMPTION CERTIFICATION (to be completed by a licensed medical provider: physician, nurse practitioner or physician assistant)

Name of Certifying Individual (please print or type): _____

I am a (check one) ☐ Licensed Physician ☐ Nurse Practitioner ☐ Physician Assistant

Office/Cell Phone: _____ Office Fax: _____

Email: _____

I certify that *(insert student name)* _____

requires an: ☐ Extension (delayed due date) **or** ☐ Exemption from the following routine clinical vaccination requirement(s):

☐ Hepatitis B ☐ MMR (Measles, Mumps, Rubella) ☐ Tdap ☐ Varicella (Chickenpox)

Due to following medical contraindication(s):

Date on which vaccine(s) can be given (m/d/yyyy): _____ (NOTE: an updated note extending the due date is required if student is unable to receive the vaccine(s) on this date).

or

☐ Exemption is permanent

Signature of Certifying Individual

Date

Office: Academic Affairs

Date: 12/17/21

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