

The Meadows of Northern Arizona  
809 B Gail Gardner Way  
Prescott, AZ 86305

## Student Covid-19 Vaccine Exemption Form

The Meadows recognizes the importance of insuring a safe environment, free of infection/transmission of disease, and to protect staff, students, and clinical facilities from exposure to Covid-19. This form should be completed prior to attending classes at the Meadows.

Date of Request \_\_\_\_\_

Student Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Please give the best number to reach you

### Type of Exemption:

I am submitting a religious exemption. I understand that per CMS guidelines, exemptions are appropriate only in certain, limited circumstances, and that by checking this box I am confirming that my religious beliefs and/or practices which result in this religious exemption are sincerely held, legally required by federal law, and consistent with the the student guidelines set forth by the Arizona State Board of Nursing, NATCEP standards.

Identify and describe your sincerely held religious belief:

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I am submitting a medical exemption. I understand that per NATCEP guidelines, exemptions are appropriate in certain circumstances, and that by checking this box I am confirming that I have a recognized clinical contraindication(s) to Covid-19 vaccination:

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**Note: medical exemption from the covid-19 vaccination will only be permitted for an evidence-based medical contraindication which is confirmed by a licensed medical provider (MD,DO,or Advanced Practice Provider)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date