



Student Request for Medical Exemption from COVID-19 Testing/Masks Form

Name: _____

UAID: _____ Email: _____

Phone: _____

Exemption requests for: Testing _____ Mask _____

SUBMIT COMPLETED FORM AND DOCUMENTS TO: covidexemptionSHS@uakron.edu

The University of Akron is committed to providing an inclusive and supportive environment for all and recognizes that some may need a medical exemption from wearing a mask on campus or to not be tested against COVID-19 for medical reasons. This may include, but is not limited to, a positive COVID-19 test in the last ninety (90) days. Note that antibody testing is not eligible for a medical exemption from testing. A medical exemption may be granted upon receipt of a completed form (below) not more than 6 months old, signed and certified by a licensed healthcare provider, not related to the submitter, and whose specialty is appropriate to the associated condition. Medical exemptions expire when the medical condition(s) contraindicating wearing a mask or COVID-19 testing changes in a manner that permits wearing a mask or testing.

The assigned expiration date is at the sole determination of The University of Akron. Individuals with an approved exemption may be required to comply with other preventive requirements as specified in the exemption approval and as may be updated by later notification and/or posting of requirements. In the event of an outbreak on or near campus, individuals holding exemptions may be excluded from all campus facilities and activities, for their protection, until the outbreak is declared to be over.

The Office of Student Health Services will review all requests, though approval is not guaranteed. After your request has been reviewed and processed, you will be notified, in writing, if an exemption has been granted. If the approved exemption contains an expiration date, you will be expected to complete a new request at that time.

Should the condition continue or the current exemption expire, a new request with updated documentation is required. Decisions are final and not subject to appeal. Individuals are permitted to reapply if new documentation and information should become available.

Important Note: Requesting an exemption does not equate to registration as a student with a disability. If you require disability-related accommodations outside of this exemption, you must go through the University disability registration process. (<https://www.uakron.edu/access/>)

In order to submit a request, please:

- Complete this form;
- Provide a full copy of any COVID-19 lab results (for testing exemptions), or have your Licensed Health Care Provider provide the required documentation; and

- Submit the completed documents.

Note: Incomplete submissions will not be reviewed. Be sure all forms and documentation are submitted at one time.

Initial next to each of the statements below:

	I request exemption from the COVID-19 testing/mask requirements due to my current medical condition. I understand and assume the risks of not being tested or wearing a mask. I accept full responsibility for my health, and the risk of serious illness and even death due to lack of testing or wearing masks and release The University of Akron from any and all responsibility and liability.
	Because I have not been tested and/or wear a mask and in order to protect my own health and the health of the community, I will comply with other preventive guidance.
	I understand that in the event of an outbreak or threatened outbreak, I may be temporarily excluded from The University of Akron facilities and activities (including but not limited to University owned housing). I agree to comply with these restrictions and accept responsibility for communicating with faculty and advisors as appropriate to allow compliance with health and safety requirements for untested/unmasked individuals.
	I further understand that restrictions from University facilities, including but not limited to classes and living spaces, does not entitle me to any reduction in tuition, housing charges, or other University fees.
	I agree that if I contract COVID-19, I will immediately report it to The University of Akron by contacting the appropriate contact (Residential life, campus employer, sports medicine) and complete the online reporting form on the COVID-19 guide, return to campus page. I will comply with all isolation and quarantine procedures specified by Summit County Health officials and The University of Akron and will remove myself from the University community if so advised.
	I understand that this exemption will expire when the medical condition(s) contraindicating testing or mask wearing changes in a manner that permits testing or mask wearing.
	I understand and agree to comply with and abide by all University COVID-19 policies and procedures, unless granted an exemption therefrom by the University.
	I understand that this exemption is only valid for the approved period and I may need to submit a new request for any subsequent changes, new medical contraindications, or on expiration of an approved exemption.
	I authorize my licensed health care provider to provide The University of Akron with medical information about my medical exemption for the COVID-19 testing or mask wearing.

	I certify that the information I have provided on and in connection with this request is accurate and complete as of the date of this submission. I understand this exemption may be revoked and I may be subject to disciplinary action if any false information has been used to request an exemption.
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Printed Name:

Signature:

Date: _____

UA ID: _____

Email: _____

Phone Number: _____

By checking this box and typing my name above, I understand and agree that I am submitting this document electronically and that it is the legal equivalent of having placed my handwritten signature on this page.

ATTACH LAB RESULTS AND/OR DOCUMENTATION FROM LICENSED HEALTH CARE PROVIDER.

FOR PREVIOUS POSITIVE COVID-19 LAB RESULTS INCLUDE DOCUMENT THAT PROVIDES: NAME, DATE OF TEST, SPECIFIC NAME/TYPE OF TEST, TEST RESULT.