



**Old Dominion University  
Certificate of Medical Exemption for COVID-19  
Immunization Requirement**

Legal First Name

Legal Last Name

Date of Birth

UIN(if applicable)

**The above named individual should be exempt from the COVID-19 vaccine as administration of the immunizing agents may be detrimental to this individual's health.**

Medical Diagnosis:

Pregnancy EDC (if applicable):

**Additional Information:**

Medical Provider Printed Name and Title

Medical Provider Phone Number

\_\_\_\_\_  
Medical Provider Signature

\_\_\_\_\_  
Date