



Student Vaccination Medical Extension Request

Nebraska Wesleyan University currently requires the following vaccines for students prior to the start of their first term as a matriculated student:

Coronavirus vaccine <i>(including booster if eligible)</i>	all students
2 MMR (measles-mumps-rubella)	all full-time traditional undergraduates
At least one meningococcal vaccine at or over the age of 16 (may be first or second meningitis vaccination)	All full-time traditional undergraduates who matriculate before their 24th birthday.

Vaccinations are important to the health and safety of the NWU 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.

In some circumstances, students might have a medical need for additional time to comply with these requirements. To request a **medical extension** of the vaccination deadline, the student should submit this Medical Extension Request along with any relevant documentation to studenthealth@nebrwesleyan.edu. Requests will be reviewed by the Director of Student Health and the Vice President for Student Life.

Note that this process is for an extension not an exemption. Students may seek a medical or religious exemption from the vaccine requirement using the Student Vaccination Exemption Request form.

Signing the Extension Request is an indication that the student agrees to come into compliance with the vaccination policy within six weeks of the conclusion of the circumstance for which the student requested the extension.

To request an extension, please complete the request form on the reverse of this page and submit to the Student Life Office: studentlife@nebrwesleyan.edu.

1. Student Information

Student Name: _____ Student ID: _____

Phone: _____

Immunization Requirements subject to extension request: (Please indicate):

All COVID-19 2 MMR Meningococcal

2. Extension Request and Timeline

Please fill out and sign the appropriate section and submit to the Student Life Office: studentlife@nebrwesleyan.edu. Requests for a temporary medical extension require signature by the student's medical provider.

I am requesting an extension of the timeline for submission of my vaccination records due to a **temporary medical circumstance**. By signing below I commit to receiving the delayed vaccine(s) within **six weeks** of the deadline indicated by my medical provider below, and to notifying the Student Life Office when I have completed the vaccination requirement.

Student signature Date

Provider Statement (required)

The physical condition of the above-named student is such that immunization would endanger the student's health. This is a temporary condition with an expected expiration date of:

_____.

Provider signature Date Signed

Provider Printed Name and License Number Provider Phone

Other Extension or Vaccination Questions

If you have any other questions about medical extensions or about the vaccination requirements, please contact the Student Life Office: studentlife@nebrwesleyan.edu.