

Allegany College of Maryland  
**ALLIED HEALTH PROGRAMS CLINICAL PLACEMENT**  
**COVID-19 VACCINATION INFORMATION & RECORD**

**PURPOSE:**

As an educational institution that values science, public health, and personal wellbeing of our students, Allegany College of Maryland fully supports Covid vaccines as a key tool against the pandemic and encourages all persons who are eligible to be fully vaccinated for their own health/wellbeing and for the health/wellbeing of everyone around them – family, friends, classmates, roommates, and co-workers. Some clinical affiliations require employees to receive a COVID-19 vaccine in order to protect others from infection. Leading healthcare authorities and organizations recommend vaccination for healthcare workers because it has been shown to be effective in minimizing the incidence and adverse effects of the illness on patients and workers. Students in the College's Allied Health programs participate in educational experiences at local/regional clinical sites; where vaccines are required at those sites, the Allied Health Directors are charged with overseeing compliance to assist our site partners. The purpose of this document is for each student to provide their vaccination status or to request an exception. The College is charged with determining if you are eligible for an exception.

**COVID-19 INFORMATION**

COVID-19 is a highly contagious disease caused by a respiratory virus; Covid-19 has caused a major pandemic since winter 2020 with variations and mutations of the virus ongoing. In the United States alone, millions of people have been infected and hundreds of thousands have died. Many people who get Covid-19 experience medical complications and symptoms for weeks or months after infection) – regardless of whether they had mild or no symptoms.

All students should familiarize themselves with the transmission, symptoms, treatment of Covid-19. Detailed information is on our website: <https://www.allegany.edu/coronavirus/index.html> with links to local, state, and national resources including: CDC: <https://www.cdc.gov/coronavirus/2019-ncov/index.html> and Maryland: <https://coronavirus.maryland.gov/>

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**COVID-19 VACCINATION**

I have read the information made available to me about the risks associated with acquiring and transmitting Covid-19, a serious and potentially fatal disease, as well as the risks and benefits of the Covid-19 vaccine. I select ONE option below:

\_\_\_\_\_ I am up-to-date with both Moderna/Pfizer injections, the single dose J&J vaccine, and a booster, or other CDC approved vaccine. I have attached my vaccination record. I understand that there may be other students and health care workers at my clinic site who have not been vaccinated. \*Allegany College of Maryland strongly encourages all students to get the boosters.

\_\_\_\_\_ I have received my first injection of the Moderna/Pfizer vaccine or other CDC approved vaccine. I have attached my vaccination record. I will obtain my second injection of the Moderna/Pfizer vaccine within 30 days of my first injection or prior to starting the semester. I understand that there may be other students and health care workers at my clinic site who have not been vaccinated. \*Allegany College of Maryland strongly encourages all students to get the boosters.

\_\_\_\_\_ I am unable to be vaccinated for medical reasons. Due to my own health condition(s), I am unable to receive this vaccine according to <https://www.cdc.gov/vaccines/covid-19/hcp/mrna-vaccine-basics.html>. I have attached a letter from my qualified health care provider. I have also read, signed, and attached the High-Risk Activity Waiver. I knowingly accept the health risk to myself for not being vaccinated and the responsibility to protect others at Allegany College of Maryland, and the health care setting and local community. I understand that there may be other students and health care workers at my clinic site who have not been vaccinated. I also understand that some clinical facilities will not accept an exemption and I will have to forfeit my seat in my selected Allied Health Program. \*NOTE: Students with disabilities should contact Academic Access & Disability Resources if accommodations are needed.

\_\_\_\_\_ I request an exception to the vaccination for religious reasons. I have completed and attached the required exception petition and supporting documentation to request an exception. I understand that this petition may be approved or denied. I have also read, signed, and attached the High-Risk Activity Waiver. If my request is approved, I knowingly accept the health risk to myself for not being vaccinated and the responsibility to protect others at Allegany College of Maryland and the local community. I understand that there may be other students and health care workers at my clinic site who have not been vaccinated. I also understand that some clinical facilities will not accept an exemption and I will have to forfeit my seat in my selected Allied Health Program.

## STUDENT CERTIFICATION:

- I have read this document and have been given the opportunity to gather more information about the Covid-19 vaccine.
- I understand that it is my responsibility to consult a qualified health care provider about the vaccine.
- My selection above and related statements above are my own.
- I certify that my statements and documentation are genuine, truthful, and accurate.
- I agree and will not hold Allegany or its agents financially responsible and I release Allegany from any and all liabilities, claims, demands, actions, causes of actions, costs and expenses of any nature whatsoever arising out of any loss, or injury, including death, that may be sustained by me, arising from the COVID-19 vaccine I agree to indemnify and hold harmless Allegany from and against any loss, liability, damage or costs, including court costs and attorneys' fees, that the Allegany may incur arising from my receiving or waiving the COVID-19 vaccine.
- I agree that the laws of Maryland will govern the interpretation and enforcement of this document including all rights and obligations arising from or relating to this document without regard to conflict of law principles and regardless of where the activity occurs.
- I will fully comply with all Covid protocols while I am a student at Allegany College of Maryland.
- This record does not replace any other policy, procedure, or required documents for Allegany College of Maryland including but not limited to other public health directives and restrictions and/or other vaccination procedures.

Student Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent signature if student is under 18 years of age: \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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Please return completed form to: [ahvaccinewaiver@allegany.edu](mailto:ahvaccinewaiver@allegany.edu)

**Allegany College of Maryland**  
**Allied Health Programs**  
**Vaccination Exemption Request Form**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Which vaccination are you requesting an exemption: Please be specific \_\_\_\_\_  
(Please Print)

Allegany College of Maryland is committed to improving and protecting the health and well-being of our students, their families and the community.

I am requesting exemption for one of the following:

- Medical (Complete Part I)       Religious (Complete Part II)

**Part I - Please indicate applicable medical contraindications to the influenza vaccine:**

- Previous severe reaction to influenza vaccine (e.g., hives, difficulty breathing, swelling of tongue or lips)  
**Note:** The above does not include sensitivity to the vaccine such as mild to moderate local reactions, soreness, redness, itching or swelling at the injection site, and/or slight ill feeling including upper respiratory infection or low-grade or moderate fever following a prior dose of the vaccine.
- History of Guillain-Barré Syndrome (GBS)
- Other

**REQUIRED:** Please provide an approximate date of your last reaction and a brief description: \_\_\_\_\_

NOTE: A severe egg allergy will not be accepted as a medical exemption as an egg-free vaccine is available

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**Part II - I attest that receiving the influenza vaccination would be against the tenets of my religious practice or the religious doctrine to which I subscribe.**

- I attest to a religious exemption

1) Identify the religious belief, practice, or observance:

2) Explain why it precludes you from receiving the vaccination(s):

3) Provide any other information and/or documentation you feel is relevant to this request:

*I attest that the responses regarding my influenza medical/religious exemption are correct and accurate to the best of my knowledge. Allegany College of Maryland reserves the right to substantiate any of the above exemptions / contraindications and I agree to provide any additional supporting documentation if requested. I fully understand that any misrepresentation will result in corrective action up to and including termination from my selected program.*

*I also understand that I must wear a mask at all times while in a patient care or clinical care area within 6 feet of a patient during the influenza season.*

**Signature:** \_\_\_\_\_

**Date** \_\_\_\_\_

**Notification of exemption approval/denial will be communicated via student email**

Request an exemption via email to: [ahvaccinewaiver@allegany.edu](mailto:ahvaccinewaiver@allegany.edu)