

# SOUTHWESTERN LAW SCHOOL

L O S A N G E L E S

## Student COVID-19 Vaccination or Booster Pregnancy Deferral Form, 2022–2023

Southwestern Law School requires all students to be fully vaccinated against COVID-19 or to be approved by Southwestern for a medical or religious exemption. Southwestern will also grant a COVID-19 vaccine or booster deferral to individuals who are currently pregnant.

If approved, this deferral is valid until through your pregnancy; if you need an extension beyond your pregnancy, please seek a medical exemption. If you no longer need a deferral, you must become fully vaccinated. A granted deferral is not a basis to attend classes remotely.

After you and your licensed healthcare provider complete this form, scan and submit it to [covidmanager@swlaw.edu](mailto:covidmanager@swlaw.edu).

A designated committee of Southwestern administrators will review the documentation and approve or deny the deferral request. The committee's determination is final.

Decisions typically are issued within 10 business days.

Student's Typed Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Southwestern ID#: \_\_\_\_\_ Best Phone Number: \_\_\_\_\_

Southwestern Email: \_\_\_\_\_

## SECTION 1: COVID-19 Vaccination Medical Counseling

### Instructions to Healthcare Provider

A licensed MD, DO, ND, ARNP, or PA must complete and sign this section. Forms completed by the student will not be accepted.

Southwestern's goal is that 100% of our students are and remain fully vaccinated against COVID-19. We recognize that a pregnant individual may desire to defer COVID-19 vaccinations or boosters. It is important that these individuals fully understand the risks of being unvaccinated or unboosted. They are required to review the risks of lack of vaccination and potential COVID-19 infection with a licensed healthcare provider and document the medical counseling.

Please complete the declaration below and return it to your patient, who will submit it to Southwestern.

### Healthcare Provider Declaration

The individual named above is currently pregnant. I have discussed with the individual the benefits of the COVID-19 vaccine and booster and the risks of not receiving the COVID-19 vaccine or booster during pregnancy. I am a licensed MD, DO, ND, ARNP, or PA, and certify that the information provided on this form is complete and correct.

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

Provider's signature: \_\_\_\_\_

Provider's typed name: \_\_\_\_\_

License type: \_\_\_ MD \_\_\_ DO \_\_\_ ND \_\_\_ ARNP \_\_\_ PA

License #: \_\_\_\_\_ State: \_\_\_ NPI #: \_\_\_\_\_

Name of medical facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

## SECTION 2: Student Information

By signing below, I acknowledge that:

1. I am requesting a deferral from the COVID-19 vaccine or booster requirement because I am currently pregnant.
2. I have read Southwestern's COVID vaccination and booster policy.
3. If approved for a deferral:
  - a. I understand and assume the risks of not being fully vaccinated.
  - b. I acknowledge that regular COVID testing and compliance with all COVID-19 protocols will be required for my continued attendance at Southwestern.
  - c. I understand that any approved deferral is based on Southwestern's current vaccination and booster policy and is subject to change based on Southwestern's requirements in the future.
  - d. I understand that the deferral may be revoked if any information provided in support of this request is false.
4. I authorize my licensed healthcare provider to release the necessary medical information to Southwestern for purposes of determining whether I qualify for a deferral from the COVID-19 vaccine or booster.
5. I authorize Southwestern personnel to seek clarification of any documentation provided, if necessary, by contacting my healthcare provider directly.
6. I understand that the contents of this request are confidential and will be shared only as needed with the appropriate Southwestern personnel to consider this deferral and the impact of an approval on operations.

Please respond to each question below.

1. Anticipated due date:
2. Have you received the initial COVID-19 vaccine dose(s) (one for Johnson & Johnson and two for Pfizer or Moderna)?  
 Yes                       No
3. If you answered "yes" to question 2, please provide the type of vaccine (e.g., Pfizer, Moderna, Johnson & Johnson) and the date of each initial dose received (Month/Day/Year):

4. Have you received any booster dose?

Yes  No

5. If you answered "yes" to question 4, please provide the type of booster (e.g., Pfizer, Moderna, Johnson & Johnson) and the date of each booster dose received (Month/Day/Year):

6. Do you plan to seek permission to participate in classes remotely during any or all of your pregnancy? (If so, you will need to go through the separate process of seeking an accommodation to participate remotely.)

Yes  No

**Certification:** I verify that the information I am submitting to support my request for a COVID-19 vaccination or booster deferral is complete and accurate to the best of my knowledge. I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I also understand that my request for a deferral may not be granted if it is not reasonable, fundamentally alters a program, poses a direct threat to the health or safety of others at the school or to me, or creates an undue hardship for Southwestern. Southwestern may deny a deferral if I fail to cooperate with Southwestern's reasonable request for verification of the need for the deferral. I understand that Southwestern reserves the right to deny my deferral request should it determine that, based on the information provided or received, adequate evidence has not been provided to establish that a deferral is warranted. I acknowledge that deferring the COVID-19 vaccination or booster could result in additional safety precautions while on-campus, including but not limited to regular testing.

Student signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Southwestern Official Use Only**

1. Please indicate whether the deferral request is approved or denied.

Deferral request approved.

Deferral request denied.

2. If the deferral request is denied, explain the basis for denying the request.

Date of Committee Decision: \_\_\_\_\_