

**Declaration Form for  
COVID-19 Vaccination Exemption**

Name		Employee/Student ID	
Department/School		Age	
Degree Program (only for students)		Accommodation (Please tick <input checked="" type="checkbox"/> )	<input type="checkbox"/> On Campus  <input type="checkbox"/> Off Campus

**Attention Medical Provider:** LUMS University requires a COVID-19 vaccination for all employees and students to ensure the safe re-opening of the campus. The applicant named above is requesting an exemption from this vaccination requirement. A medical exemption from the COVID-19 vaccination may be allowed for certain approved medical conditions and or circumstances.

Please complete the form below. Should you have any questions, please contact Muhammad Shakeel ([hrdmessage@lums.edu.pk](mailto:hrdmessage@lums.edu.pk)) at LUMS University. Please send this form to the same address.

The person should not be immunized for COVID-19 for the following reasons: (Please check all that apply and provide necessary details):

History of previous allergic reactions which might cause an immediate negative reaction to the vaccine. (Please provide details below)

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The person's physical condition or other medical circumstances are such that immunization is not considered safe (Please indicate the specific nature and probable duration of the condition or circumstances that might make it unsafe for them to receive the COVID-19 vaccine):

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Other reasons (such as any medicine or treatment that is a contraindicator for vaccination). Please provide specific details :

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I certify that the above details are accurate and request that \_\_\_\_\_  
should be granted a medical exemption from the COVID-19 vaccination.

Medical Provider Signature and Stamp: \_\_\_\_\_

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**For Office Use Only:**

Based on the above recommendation, this employee/student is exempted from getting vaccinated. He / She needs to follow complete SOPs at all times. Should there be any change in the condition and circumstances it is the responsibility of this employee/student to update the university.

Approved by: (Sign & Stamp): \_\_\_\_\_

Name: \_\_\_\_\_ Designation: \_\_\_\_\_