



APPLICATION FOR EXEMPTION FROM VACCINATION AGAINST COVID-19

GENERAL INSTRUCTIONS

The Health Department of the Government of Puerto Rico, through administrative order no. 2021-509, has ordered that no student or child over 12 years of age may be admitted in person to a school or university if they are not vaccinated against COVID-19.

Article 5 of Law 25 from September 25, 1983 provides, as the only exceptions to the vaccination requirement provided in the administrative order, that the student has medical reasons or professes a religion whose dogmas do not allow being vaccinated against COVID-19.

In the case of a medical reason for not being able to be vaccinated, the student's application must be accompanied by a certification from an **authorized doctor** that demonstrates that one or more of the vaccines required by the Health Secretary can be detrimental to the student's health. The certification must specify the medical reason and the possible duration of the condition or circumstances that prevent vaccination.

In the case of religious exemptions to the vaccine, the student must present a sworn affidavit in which they or their parents certify that they profess a religion whose dogmas are in direct conflict with immunization from COVID-19. The sworn statement must include the name of the religion or sect they belong to and must be signed by the student, their parents or guardians in the case of a student who is still a minor, and by the minister of the religious community or sect that they profess. The Inter American University of Puerto Rico reserves the right to request additional information, if they believe the sworn affidavit does not contain enough information to evaluate the application.

Once the application is completed, the student must send it with the corresponding evidence, by email, to the Dean of Students of their academic unit:

Academic Unit	Email
Aguadilla campus	exencionvacuna@aguadilla.inter.edu
Arecibo campus	exencionvacuna@arecibo.inter.edu
Barranquitas campus	exencionvacuna@br.inter.edu
Bayamón campus	exencionvacuna@bayamon.inter.edu
Fajardo campus	exencionvacuna@fajardo.inter.edu
Guayama campus	exencionvacuna@guayama.inter.edu
Metropolitan campus	exencionvacuna@metro.inter.edu
Ponce campus	exencionvacuna@ponce.inter.edu
San Germán campus	exencionvacuna@intersg.edu
School of Optometry	exencionvacuna@opto.inter.edu
School of Law	exencionvacuna@juris.inter.edu



EXEMPTION FROM VACCINATION FOR MEDICAL REASONS – MEDICAL CERTIFICATION

In accordance with the provisions of Article 5 of Law 25 of September 25, 1983, as amended, better known as the Immunization Law for Preschool Children and Students, a Vaccination Certificate will not be required for the processing of enrollment for admission to an educational institution to any student who presents a certification, signed by an authorized physician who practices the profession in Puerto Rico, in which they request such exemption for medical conditions. Nevertheless, students declared exempt will have to be vaccinated compulsorily during an epidemic, as determined by the Health Secretary. Law 25, mentioned above, does not allow exemptions for personal or philosophical reasons.

Student, parent or legal guardian: Please fill out this form with the corresponding information and submit it via **email to the Dean of Students of your academic unit**, at the beginning of each school year. This form is valid for one (1) year.

A. Certification of Medical Exemption

No student is required to receive a vaccination if they have a medical contraindication, a history of illness, or laboratory evidence of immunity. In order for a student to receive a medical exemption, the certification below must be signed by a doctor.

I certify that the vaccines listed below are contraindicated for medical reasons, there is laboratory evidence of immunity or that such immunity exists due to laboratory-confirmed medical history.

Student's Name (*Paternal Last Name, Maternal Last Name, First Name*)

Reason (*condition or contraindication*) **and possible duration of the condition.**

Exempted vaccine(s):

Name of the doctor

Medical License (number)

Doctor's Signature

Date



EXEMPTION FROM VACCINATION FOR RELIGIOUS REASONS – SWORN AFFIDAVIT

In accordance with the provisions of Article 5 of Law 25 of September 25, 1983, as amended, better known as the Immunization Law for Preschool Children and Students, a Vaccination Certificate will not be required for the purposes of processing the registration for admission to an educational institution for any student who presents an affidavit certifying that they or their parents belong to a religious organization whose dogmas are in conflict with immunization against COVID-19. The sworn affidavit must indicate the name of the religion or sect, and must be signed by the student and their parents or guardian in the case of a student who is still a minor, and by the minister of their religion or sect. However, students declared exempt will have to be vaccinated compulsorily during an epidemic, as determined by the Health Secretary. Law 25, mentioned above, does not allow exemptions for personal or philosophical reasons.

No student is required to receive a vaccination that goes against the dogmas of the religion to which that student's parent/guardian adheres. However, not following vaccination recommendations can endanger the health or life of both the student as well as others who have contact with them. To receive a vaccination exemption, a parent/guardian and the minister of their religion must complete and sign the following statement before a notary:

I certify before a notary that it is contrary to the religious beliefs consciously held by me that the student

I, _____ minister of the religion (or sect) _____ ,
of legal age, of marital status _____ and neighbor of _____ ,
and I, _____, [] father, [] mother or legal guardian of _____ ,
of legal age, of marital status _____ , of occupation _____
and neighbor of _____ , swear that the above statement is the truth and nothing but
the truth.

Signature of the minister of the religion/sect

Date

Signature of the father/mother or legal guardian

Date

Testimony Number: _____

Sworn and signed before me by _____ , of the circumstances
previously exposed, whom I identified through _____ in _____ , today

_____ .

PUBLIC NOTARY