



College of Nursing
3800 Victory Parkway
Cincinnati, OH 45207-7351
513 745-3814

COVID-19 VACCINATION FORM

Nursing students participating in clinical experiences are required to provide documentation of one of the following options:

A. Covid—19 Vaccination (vaccine card or vaccine record).

o Upload the vaccine record into View Point Screening to satisfy the requirement.

- *Alternate verification of vaccination is acceptable if it includes the necessary information. Blood tests are not currently accepted.*
- *Compliance forms are available here:* [Current Nursing Students - Information - College of Nursing | Xavier University](#)

B. XU College of Nursing APPROVAL LETTER for religious or medical exemption:

1. Complete Med-Proctor Immunization requirements and application for exemption.

- <https://www.xavier.edu/health-wellness/health/exemptions> and direct questions to battagliaa@xavier.edu or 513-745-4823.

2. Upload the XU College of Nursing's approval letter into View Point Screening.

- This will be sent to you via email from Amy Wilson, battagliaa@xavier.edu

3. Anticipate that your View Point requirement will remain rejected throughout the program to act as a reminder to the student and coordinators to seek a new exemption allowance **every semester and with every new clinical facility.**

4. If requesting an exemption please check the box below and sign. Please note that checking the box does not complete the exemption process.

Students may seek exemption to the immunization and vaccination requirements from Xavier, *but must be aware that the clinical partner institutions may not recognize the immunization exemption.* In such circumstances, Xavier will take reasonable steps to find an alternative clinical placement, *but cannot guarantee that such a placement will exist. Further, an exemption may result in a student's inability to complete the program and/or preclude employment at some sites upon graduation.*

☐ I decline the vaccine and will provide the XUCN with my Xavier University Exemption Approval Letter once received (prior to the start of practicum).

Student Name _____ Date of Birth _____

Student signature _____ Date _____