

REQUEST FOR MEDICAL EXEMPTION FROM COVID-19 VACCINATION

Daemen College is committed to building an inclusive and welcoming campus environment.

If you have an allergy to the COVID-19 vaccine or a specific medical condition that precludes the COVID-19 vaccination requirement and you seek a medical exemption from receiving the COVID-19 vaccination, please consult with your physician and provide the following information on this form and provide a copy of your vaccination records.

Please print the following information:

Name: _____ **Job Title:** _____

Supervisor: _____ **Department:** _____

Physician Name: _____ **Physician Phone No.:** _____

Physician Address: _____

Dear Physician:

Per Federal guidance, Daemen College is encouraging all faculty and staff to get their COVID-19 vaccinations. However, we recognize there are certain medical exemptions from the COVID-19 vaccination as recognized contraindications (<https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>).

Please complete the form below. Thank you.

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

- Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine

- Immediate allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine (Vaccine Ingredients) <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#Appendix-C>

- Other Medical Reason – Please provide this information in a separate narrative that describes the other medical reason justifying an exemption in detail.

How long have you been treating this individual for any of the above-mentioned medical conditions?

PHYSICIAN CERTIFICATION

I certify that _____ has the above contraindication or specific medical condition and request a medical exemption from COVID-19 vaccination.

Physician Signature: _____ Date: _____

Physician Medical License No.: _____ NPI No.: _____

Verification and Accuracy

EMPLOYEE ACKNOWLEDGEMENT

I verify that the above information I have provided is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action. My request for an exemption from the COVID-19 vaccination is based upon the medical reason described above.

Signature: _____ Date: _____

Print Name: _____

Confidentiality of Information Provided

Requests for exemptions and any documents provided will be kept confidential and shared only with those College employees who have a need to know.

Upload the completed form and copy of vaccination records on this [Secure Upload link](#)

Summary of Next Steps

1. The exemption process will be coordinated by the Employee Engagement Office. All requests will be securely received and maintained by the Employee Engagement Office.
2. A committee separate from the Employee Engagement Office will review your request and make the final decision. The Employee Engagement Office will ensure that any identifying information (name, dept, job title, supervisor) provided will be redacted prior to sharing with the committee members who will make the final determination.
3. Please allow 15 days for this request for a response and determination.. You may be asked to provide additional information.
4. The committee will notify the Employee Engagement Office of their decision.

5. The Employee Engagement Office will notify you in writing of the decision regarding your requested medical exemption.
6. If you are granted a medical exemption, you will be required to undergo weekly COVID-19 testing outside of your normal work schedule and at your cost (if applicable) in addition to observing all COVID-19 health and safety protocols.
7. The College will reconsider a denial only if you bring forth new information supporting your request. For reconsideration of a denial, please contact the Employee Engagement Office.