UNIVERSITY OF THE DISTRICT OF COLUMBIA

# MEDICAL EXEMPTION REQUEST FORM

To request an exemption from receiving the COVID-19 vaccination, please complete Section 1 below and have your medical provider complete Section 2 before returning this form to Health Services.

## Section 1

| | |
|---|---|
| Name (print): | Date: |
| Dept.: | Position: |
| Manager: | Work/Cell Phone: |
| Physician's Name: | Physician's Phone Number: |

I am requesting a medical exemption from the University's mandatory vaccination policy.

I verify that the information I am submitting to substantiate my request for exemption from the University's COVID-19 vaccination policy is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including termination.

| | |
|---|---|
| Employee/Student Signature: | Date: |

**All medical documentation will be submitted to University Health Services and will remain confidential and only reviewed by them.**

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**Section 2**

**Medical Certification for COVID-19 Vaccination Exemption**

Employee/Student Name: _____

Dear Medical Provider:

As a condition of employment/on campus attendance, the University of the District of Columbia requires a vaccination against **COVID-19**. The individual named above is requesting an exemption to this vaccination requirement due to medical contraindications.

Please complete this form to assist the University in the reasonable exemption process.

| **The person named above should not be immunized for COVID-19 for the following reasons:** |
|---|
| **This exemption should be:**<br>☐ Temporary, expiring on: __/__/____, or when<br>_____<br>☐ Permanent |

I certify the above information to be true and accurate, and request exemption from the **COVID-19** vaccination for the above-named individual.

| Medical Provider Name (print): | |
|---|---|
| Medical Provide Signature: | Date: |
| Practice Name and Address: | Provider Phone: |

**HEALTH SERVICES USE ONLY**

Date of initial request: __/__/__ Date certification received: __/__/__

Exemption request:

☐ Approved __/__/__ Date Employee/Student Notified: __/__/__
Describe specific exemption details:

_____

☐ Denied __/__/__ Date Employee/Student Notified: __/__/__
Describe why exemption is denied:

_____

Date HR Notified: __/__/__ and by whom: _____