

**St. Lawrence University Request Form for Medical Exemption/Accommodation
Related to COVID-19 Vaccine**

Part 1: To Be Completed by Employee Requesting Medical Accommodation:

Name: _____

Email: _____

Date of Request: _____

I understand that St. Lawrence University requires a COVID-19 vaccination as a condition of employment. I hereby certify that I believe that I have a medical/health condition that necessitates an exemption from this vaccination requirement.

I also understand that for my exemption/accommodation request to be considered by the St. Lawrence University that the attached Part 2 of this Request Form must be completed and provided by my medical provider and that my request for an exemption/accommodation due to medical/health reasons will not be considered by the St. Lawrence University in the absence of a fully completed Medical Provider certification.

Verification

I verify that the information I am submitting in support for my request for an accommodation is complete and accurate to the best of my knowledge and I understand that any misrepresentation contained in this request may result in disciplinary action.

I also understand that my request for an accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others and/or to me, or if it creates an undue hardship on the St. Lawrence University

Print Name: _____

Date: _____

Signature: _____

Part 2: To Be Completed by Employee's Medical Provider

Medical Provider Certification

Employee Name: _____

Employee Address: _____

Employee Date of Birth: _____

Dear Medical Provider:

The above-named individual is employed by St. Lawrence University. St. Lawrence University requires a COVID-19 vaccination as a condition of employment to protect the safety and well-being of the St. Lawrence University community. The above-named employee is requesting an exemption from this vaccination requirement. A medical exemption from the COVID-19 vaccination requirement may be allowed for certain recognized contraindications.

Your input is necessary for St. Lawrence University to consider a request for an exemption to the COVID-19 vaccination requirement. Please supply the information requested below. If you have any questions, please contact Brian Atkins at batkins@stlawu.edu.

Is it your medical opinion that the above-named individual should be exempted from St. Lawrence University's COVID-19 vaccination requirement for the individual's safety?

Yes **No**

If you responded "Yes" please identify the specific nature of the medical condition of the person or medical circumstances that is the basis for your opinion.

If you responded “Yes” please indicate the probable duration of the medical condition or circumstances that contraindicate immunization with the COVID-19 vaccine.

I hereby certify that the above information is accurate and complete to the best of my knowledge.

Medical Provider Signature: _____ ***Date:*** _____

Print Name: _____

Address: _____

Phone: _____