Request for Accommodation: Medical Exemption from Vaccination

To request an exemption from required vaccinations, please complete section 1 below and have your medical provider complete section 2 before returning this form to the Human Resources department.

Section 1

Name (print):	Date:
Dept.:	Position:
Manager:	Work/Cell Phone:

I am requesting a medical exemption from Converse's mandatory vaccination policy for the following vaccination(s):

I verify that the information I am submitting to substantiate my request for exemption from Converse's 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.

I further understand that Converse is not required to provide this exemption accommodation if doing so would pose a direct threat to myself or others in the workplace or would create an undue hardship for Converse.

Employee Signature:	Date:

Section 2

Medical Certification for Vaccination Exemption

Employee Name: _____

Dear Medical Provider,

Converse strongly encourages vaccination against COVID-19. The individual named above is seeking an exemption to this policy due to medical contraindications (vaccine should not be administered).

Please complete this form to assist Converse College in the reasonable accommodation process.

The person named above should not receive the COVID-19 vaccine due to:

This exemption should be: ☐ Temporary, expiring on: __/__/____, or when _____ ☐ Permanent

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

Medical Provider Name (print):	
Medical Provide Signature:	Date:
Practice Name & Address:	Provider Phone:

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

Accommodation request:

- ☐ Approved __/__/____
  Describe specific accommodation details:
  _____

- ☐ Denied __/__/____
  Describe why accommodation is denied:
  _____