REQUEST FOR ACCOMODATION: MEDICAL EXEMPTION FROM VACCINATION

The Institute for Advanced Study's ("Institute") requires that all faculty, members, and staff provide proof of a COVID-19 vaccination for on-campus access. A medical exemption may be granted upon receipt of a completed form (below) not more than 6 months old, signed and certified by a licensed health care provider (who is not related to the submitter) whose specialty is appropriate to the associated condition. Medical exemptions expire when the medical condition(s) contraindicating COVID-19 vaccination changes in a manner which permits vaccination. The assigned expiration is at the sole determination of the Institute.

To request a medical exemption from required vaccinations, please complete and sign Section I below and have your medical provider complete Section II before returning this form to Human Resources. Incomplete submissions will not be reviewed.

SECTION I

Name (print):	Date:
Dept./School:	Position:
Manager or Executive Officer:	Work/Cell Phone:

I am requesting a medical exemption from the Institute's mandatory COVID-19 vaccination policy on-campus access.

Please initial next to each of the statements below:

_____ I request exemption from the COVID-19 vaccination requirements due to my current medical condition. I understand and assume the risks of non-vaccination. I accept full responsibility for my health, thus removing liability from the Institute to the required vaccination.

_____ I understand that as I am not vaccinated, in order to protect my own health and the health of the community, I will comply with all assigned COVID-19 testing and other preventive safety requirements required by the Institute.

_____ Should I contract COVID-19, I will immediately report it to the COVID-19 Response Team and comply with all isolation and quarantine procedures specified by the Institute.

_____ I further understand that the Institute 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 the Institute.

_____ I understand that should an exemption be granted, it is only valid under the Institute's COVID-19 vaccination policy and I may need to submit a new request for any subsequent changes, new medical contraindications, or on expiration of an approved exemption. I further understand that the approval is provisional based on the current vaccination policy and is subject to change based on the Institute's requirements moving forward.

_____ I verify that the information I am submitting to substantiate my request for exemption from the Institute'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 authorize my licensed health care provider to provide the Institute with medical information about my medical exemption for the COVID-19 vaccination.

Employee Signature:	Date:

SECTION II

MEDICAL CERTIFICATION FOR VACCINATION EXEMPTION

Employee Name: _____

Dear Medical Provider,

The above named individual is employed by the Institute for Advanced Study. The Institute requires vaccination against COVID-19 for on-campus access. The individual is seeking an exemption to this policy due to medical contraindications.

Please complete this form to assist the Institute for Advanced Study in evaluating this exemption request.

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 a medical exemption from the COVID-19 vaccination for the above-named individual.

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

_____

HR USE ONLY

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

Accommodation request:

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

  _____

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

  _____