

**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 Vassar College (the “College”) 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 College 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 College 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 College.

**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 Vassar College. The College requires a COVID-19 vaccination as a condition of employment to protect the safety and well-being of the College 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 the College 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 Jovanny Mejia, Benefits Specialist at 845-437-7761.

**Is it your medical opinion that the above-named individual should be exempted from the College'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.**

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

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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:** \_\_\_\_\_

Please submit the completed form to Human Resources via email: [humanresources@vassar.edu](mailto:humanresources@vassar.edu), fax: 845-437-7761 or via mail: Vassar College, Box 712.