REQUEST FOR MEDICAL EXEMPTION FROM COVID-19 VACCINATION

Daemen College is committed to building an inclusive and welcoming campus environment.

If you have an allergy to the COVID-19 vaccine or a specific medical condition that precludes the COVID-19 vaccination requirement and you seek a medical exemption from receiving the COVID-19 vaccination, please consult with your physician and provide the following information on this form and a provide a copy of your vaccination records.

Please print the following information:

Name: _____ Job Title: _____

Supervisor: _____ Department: _____

Physician Name: _____ Physician Phone No.: _____

Physician Address: _____

Dear Physician:

Per Federal guidance, Daemen College is encouraging all faculty and staff to get their COVID-19 vaccinations. However, we recognize there are certain medical exemptions from the COVID-19 vaccination as recognized contraindications (https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html).

Please complete the form below. Thank you.

The above person should not be immunized for COVID-19 for the following reasons (Please check all that apply):

Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine

_____

_____

Immediate allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine (Vaccine Ingredients) https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#Appendix-C

_____

_____

Other Medical Reason – Please provide this information in a separate narrative that describes the other medical reason justifying an exemption in detail.

_____

_____

_____

_____

How long have you been treating this individual for any of the above-mentioned medical conditions?

PHYSICIAN CERTIFICATION

I certify that _____ has the above contraindication or specific medical condition and request a medical exemption from COVID-19 vaccination.

Physician Signature: _____ Date: _____

Physician Medical License No.: _____ NPI No.: _____

EMPLOYEE ACKNOWLEDGEMENT

I verify that the above information I have provided is complete and accurate to the best of my knowledge, and I understand that any intentional