Request Form for Medical Exemption/Accommodation
Related to COVID-19 Vaccine

Please return this form to Human Resources at hr@union.edu.

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

Name: ______________________________

Email: ______________________________

Date of Request: ______________________

I understand that Union 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 of 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.

I further understand that I may be asked to recertify my request from time to time as determined by the College.

Print Name: ______________________________

Date: ____________

Signature: ______________________________
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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 Union 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 email hr@union.edu.

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.

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

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: ________________________________