



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 uploading this form to Med Proctor.

Section 1

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

I am requesting a medical exemption from Southern University System's mandatory vaccination procedure:

I verify that the information I am submitting to substantiate my request for exemption from Southern University System 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 understand that a granted exemption accommodation is subject to modification based on guidance from the Centers for Disease Control and Prevention and other state and federal agencies and further based on the rate of spread of the COVID-19 virus in the University and surrounding communities.

Employee Signature:	Date:
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Section 2 – TO BE COMPLETED BY A MEDICAL PROVIDER

Medical Certification for SARS-CoV-2 Vaccination Exemption

Employee Name: _____

Dear Medical Provider

Southern University requires vaccination against SARS-CoV-2 as a condition of continued employment. The COVID-19 virus poses a direct threat to the health of our employees. The individual named above is seeking an exemption to this policy due to medical contraindications.

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

<p>The person named above should not receive any SARS-CoV-2 vaccination due to:</p>
<p>This exemption should be:</p> <p><input type="checkbox"/> Temporary, expiring on: __/__/____, or when _____</p> <p><input type="checkbox"/> Permanent</p>

I certify the above information to be true and accurate, and request exemption from the SARS-CoV-2 vaccination requirement 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: __/__/__

Request # _____

Accommodation request:

Approved __/__/__

Describe specific accommodation details:

Denied __/__/__

Describe why accommodation is denied:
