



## REQUEST FOR MEDICAL EXEMPTION FROM COMMUNICABLE INFECTIOUS DISEASE VACCINATION

\*Must be completed by the individual requesting exemption and their health care provider\*

\_\_\_\_\_

**To be completed by the Drew Employee or Volunteer (please print)**

**Please check one:**     Employee     Volunteer

**Name:** \_\_\_\_\_ **Employee ID:** \_\_\_\_\_

**Date of Request:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Applicable Season (for example, 2021-2022):** \_\_\_\_\_

**Position/Title:** \_\_\_\_\_

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

**Immediate Supervisor:** \_\_\_\_\_

**Please check any that apply:**     COVID-19                       Other

**Confirmation:**

I verify that the information is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I understand that I may be at risk of acquiring infection. In addition, I may spread a communicable infectious disease, such as COVID-19, to students and other employees, and my family, even if I have no symptoms. This can result in serious infection, particularly in persons at high risk for communicable infectious disease complications. I have also been given the opportunity to be vaccinated with a communicable infectious disease vaccine at no charge to myself. However, I request a medical exemption from the Drew University departmental COVID vaccine requirement at this time. I understand that I continue to be at risk of acquiring a communicable infectious disease, potentially resulting in transmission to students and other personnel. If in the future I want to be vaccinated with a communicable infectious disease vaccine, I can receive it at no charge to me. I attest that if granted this exemption, I will wear a face mask and be tested for COVID-19 on a weekly basis off campus and at my expense in accordance with the Drew requirements for unvaccinated employees and submit the results to human resources. I also understand that my request for an exemption may not be granted if it is not reasonable.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

.....

# DREW

To be completed by the health care provider of the Drew Employee or Volunteer:

Dear Health Care Provider,

We are committed to protecting our community from exposure to communicable infectious diseases on our campus and therefore adopt the Centers for Disease Control and Prevention (CDC) recommendations.

The above-named individual is requesting an exemption from this vaccination requirement. A medical exemption from a communicable infectious disease vaccination is allowed for disabilities which prevent the person from receiving a vaccination.

Please complete the form below and verify whether your patient has at least one of the contraindications for a medical exemption.

Thank you.

**The above individual should not be immunized for the following communicable infectious diseases (Please check all that apply):**

COVID-19

**The above individual should not be immunized for communicable infectious diseases for the following reason (Please check all that apply):**

A severe allergy to (Please indicate communicable infectious disease) \_\_\_\_\_ vaccine or components of the vaccine. **Required:** What is the severe allergy? Please provide detail and attach additional page if more space is needed.

Other – please provide a separate narrative that describes the reason for exemption in detail. These requests will be reviewed on a case-by-case basis.

I certify that \_\_\_\_\_ has the above contraindication and therefore request a medical exemption from the communicable infectious disease vaccine(s) indicated above.

Health Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Health Care Provider Name: \_\_\_\_\_

Health Care Provider Phone #: \_\_\_\_\_

Health Care Provider e-mail address: \_\_\_\_\_

Health Care Provider Address: \_\_\_\_\_

Health Care Provider Medical License #: \_\_\_\_\_

# DREW

**To Drew Employee or Volunteer: Scan and email this form to hraccommodations@drew.edu for COVID-19 vaccine exemption or as otherwise identified in writing by Drew. Incomplete forms will NOT be accepted. For those who do not have the ability to email and/or scan, please mail a copy to:**

**The Office of Human Resources  
Drew University  
36 Madison Ave  
Madison, NJ 07940**

***DESIGNATED OFFICE USE ONLY:***

Medical Exemption Approved on \_\_\_\_\_ Approving Signature: \_\_\_\_\_



## REQUEST FOR RELIGIOUS EXEMPTION FROM COMMUNICABLE INFECTIOUS DISEASE VACCINATION

\*Must be completed by the individual requesting exemption\*

Drew University is committed to protecting our personnel and students from exposure to communicable infectious diseases at our school/institutes and therefore adopts the Centers for Disease Control and Prevention (CDC) recommendations.

- ❖ I understand that I may be at risk of acquiring a communicable infectious disease. In addition, I may spread a communicable infectious disease to students other employees, and my family, even if I have no symptoms. This can result in serious infection, particularly in persons at high risk for communicable infectious diseases complications.
- ❖ I have also been given the opportunity to be vaccinated with a communicable infectious disease vaccine, at no charge to myself. However, I request a religious exemption from the Drew University departmental COVID vaccine requirement at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring a communicable infectious disease, potentially resulting in the transmission to students and other personnel. If in the future I want to be vaccinated with a communicable infectious disease vaccine, I can receive the vaccine at no charge to me.
- ❖ I attest that if granted this exemption, I will wear a face mask in accordance with the Drew University requirements for unvaccinated employees and be tested for COVID-19 on a weekly basis off campus and at my expense and submit the results to human resources.

### **Part 1: TO BE COMPLETED BY DREW EMPLOYEE OR VOLUNTEER**

Please check one:  Employee  Volunteer

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Email Address: \_\_\_\_\_

School: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Please check any that may apply:  COVID-19  Other

### **Part 2: REQUIRED DOCUMENTATION**

In order for us to process your request, please provide a description, in your own words, of the specific ways in which a communicable infectious disease vaccination conflicts with your religious beliefs. If there is other information supporting your exemption application, which you would like the University to consider, please submit that information with your description.

### **Part 3: VERIFICATION AND ACCURACY**

I verify that the above information is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I understand that I may be contacted, and I authorize my religious leader (if identified) to be contacted to provide further clarification. I also understand that my request for an exemption may not be granted if it is not reasonable.

I have attached the required documentation as outlined in Part 2 of this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

# DREW

Scan and email to [hraccommodations@drew.edu](mailto:hraccommodations@drew.edu) for COVID-19 vaccine exemption or as otherwise identified in writing by Drew. Incomplete forms will NOT be accepted. For those who do not have the ability to email and/or scan, please mail a copy to:

The Office of Human Resources  
Drew University  
36 Madison Ave  
Madison, NJ 07940

***DESIGNATED OFFICE USE ONLY:***

Religious Exemption Approved on: \_\_\_\_\_ Approving Signature: \_\_\_\_\_