



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 returning this form to the Employment Services department.

Section 1

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

I am requesting a medical exemption from Macalester's mandatory vaccination policy for the following vaccination(s):

I verify that the information I am submitting to substantiate my request for exemption from Macalester's 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 further understand that Macalester is not required to provide this exemption accommodation if doing so would pose a direct threat to myself or others in the workplace or would create an undue hardship for Macalester.

Employee Signature:	Date:
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Section 2

Medical Certification for Vaccination Exemption

Employee Name: _____

Dear Medical Provider,

Macalester requires vaccination against COVID-19 as a condition of employment. The individual named above is seeking an exemption to this policy due to existing medical condition(s).

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

The person named above should not receive the COVID-19 vaccine due to:
This exemption should be: <input type="checkbox"/> Temporary, expiring on: __/__/____, or when _____ <input type="checkbox"/> Permanent

I certify the above information to be true and accurate, and request exemption from the COVID-19 vaccination for the above-named individual.

Medical Provider Name (print):	
Medical Provider Signature:	Date:
Practice Name & Address:	Provider Phone:



HR USE ONLY

Date of initial request: __/__/__

Date certification received: __/__/__

Accommodation request:

Approved __/__/__

Denied __/__/__

Describe why accommodation is denied:
