**Mandatory Influenza Vaccine for All Students, Faculty, and Staff**

**Engaged in Face-to-Face Activities**

**Medical & Religious Exception Form**

*Updated: October 7, 2021*

To consider your request for a medical or religious exception to the Mandatory Influenza Vaccine Policy, please provide the following information:

I am:

* Faculty
* Staff
* Student
* Specify if other:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name**:

**Email Address**:

**Phone Number**:

**Type of Request** (Medical or Religious): Choose an item.

**If a Religious Exception Request**

Please explain how your need for a religious exception is connected to your sincerely held religious belief. Please explain in as much detail as possible (use additional pages if necessary).

In some cases, NDMU will need to obtain additional information and/or documentation about your religious practice(s) or belief(s). We may need to discuss the nature of your religious belief(s), practice(s), and accommodation with your religion’s spiritual leader (if applicable) or religious scholars to address your request for an exception. If requested, can you provide documentation to support your belief(s) and need for an accommodation?

[ ]  Yes [ ]  No

If no, please explain why?

Are you attaching any supporting documentation to this request?

[ ]  Yes [ ]  No

**If a Medical Exception Request**

What medical condition prevents you from receiving the influenza vaccine (check all that apply)

* History of allergic reaction to the influenza vaccine or a component of the vaccine. **Please attached supporting medical documentation.**
* History of Gullain-Barre Syndrome within six weeks of receiving previous vaccine. **Please attached supporting medical documentation.**
* Other – Please provide this information in a separate narrative that describes the exception in detail (these requests will be reviewed on a case-by-case basis). **Please attached supporting medical documentation.**

*I certify that all information submitted is complete and accurate to the best of my knowledge and I understand that any intentional misrepresentation contained in this request may results in disciplinary action/sanction.*

*I also understand that my request may not be granted if it is not reasonable or if it creates an undue hardship on my employer/academic environment.*

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