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

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

**Medical & Religious Exception Form**

*Updated December 15, 2020*

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):

**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.

If requested, can you obtain documentation or other authority to support the need for an exception based on your sincerely held religious belief?

* 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 o 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_