Complete the exemption form below. A medical provider is required to attest as to why you cannot receive the COVID-19 vaccine.
SEND THE FORM TO:
Faculty/Staff – ADArequests@vsu.edu
Students – SAO@vsu.edu

Request for Accommodation: Medical Exemption from Vaccination
For Students, Faculty and Staff at Virginia State University

To request an exemption from the required COVID-19 vaccination, please complete Section 1 below and have your medical provider complete Section 2 before returning this form to the appropriate email address based on your classification (Faculty – Staff – Students). The Medical Exemption Form will be retained in a secured and confidential electronic file that is separate from the employee's official personnel file/record. The Student forms are retained in the Student Accessibility Office.

Section 1

Name (print):	Date:
Department/Major:	Work/Cell Phone:

I am requesting a medical exemption from the required COVID-19 Vaccine as per the President of Virginia State University. I verify that the information I am submitting to substantiate my request for an exemption from Virginia State University's mandatory vaccination requirement 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 and dis-enrollment from VSU. I also understand that: **(please check each box)**

☐ Regardless of the reason, employees/students who are not vaccinated will be required to be tested at least twice (2) per week for COVID-19. Results can be uploaded to Medicat.

☐ An employee/student refusal to participate in VSU's COVID-19 testing plan will be considered a safety violation and may result in formal disciplinary action up to and including termination and dis-enrollment from classes.

☐ I will not be eligible for the financial incentive if I am exempt from receiving the COVID-19 vaccine.

Employee/Student Signature:	Date:

Employee/Student Name:

Section 2

Medical Certification for Vaccination Exemption

Employee/Student Name:

Dear Medical Provider,

Virginia State University (VSU) requires a vaccination against *COVID-19* as a condition of employment and for enrolled students at the University. The individual named above is seeking an exemption to this requirement due to medical contraindications.

Please complete this form to assist VSU in the reasonable accommodation process. Please attach any additional documentation as appropriate.

The person named above should not receive the COVID-19 vaccine due to:
This exemption should be: ☐ Temporary, expiring on: ___/___/____, or when _____ ☐ 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 Provide Signature:	Date:
Practice Name & Address:	Provider Phone:

OHR USE ONLY FOR FACULTY AND STAFF ONLY – STUDENTS SHOULD BE REVIEWED BY STUDENT ACCESSIBILITY OFFICE

Date of initial request:

Date certification received:

Accommodation request:

☐ Approved Date:
Describe specific accommodation details:
_____

☐ Denied Date:
Describe why accommodation is denied:
_____