

COVID-19 Vaccination Medical Exemption Request Form

In accordance with President Biden's Executive Order 14042, all UMW employees must be fully vaccinated by December 8, 2021, unless they have a University-approved religious or medical exemption. Employees with an exemption are considered as "Not Fully Vaccinated" and required to participate in weekly COVID-19 testing.

Employee:

To request a medical exemption to the COVID-19 vaccine requirement, you and your physician will need to complete and sign this form then upload it to [Faculty/Staff Vaccine Survey](#).

Employee Name (first, last)	
Employee Department	
Employee Email Address	
Employee Phone Number	

Through submission of this form and my below signature I acknowledge:

- I am requesting a medical exemption to the COVID-19 vaccine requirement;
- I must participate in weekly COVID-19 testing in addition to other safety protocols established by UMW for my own protection and that of others in the community;
- My failure to follow UMW's safety protocols may result in disciplinary actions.

Employee Signature: _____ Date: _____

Health Care Provider:

I certify that administration of the COVID-19 vaccine(s) would be detrimental to the above-named individual's health. The COVID-19 vaccine(s) is (are) specifically contraindicated because (please specify below):

This contraindication is:

_____ Permanent

_____ Temporary and expected to preclude immunizations until: Date: ___/___/___

Signature of Medical Provider: _____

Medical Provider Printed Name: _____ Date: _____

Address: _____ Phone: _____