



Request for Medical Exemption from COVID-19 Vaccination

Employees must attach this fully completed form to their vaccine reporting request in PeopleSoft Self-Service. For more information, please see our [COVID-19 Vaccine Reporting How to Guide](#).

TO BE COMPLETED BY EMPLOYEE

Employee ID: _____

Last Name: _____ First Name: _____

I request exemption from the COVID-19 vaccination requirements due to my current medical condition. I understand and assume the risks of non-vaccination and assume full responsibility for my health.

No Yes

I understand and agree to comply with and abide by all University of Vermont COVID-19 policies and procedures.

No Yes

I understand that this exemption is only valid for current academic year, and I may need to submit a new request if requested to do so in the future. I also understand that if my reasons for exemption no longer exist, I must inform the University, I may then be subject to the vaccination requirement.

No Yes

I authorize my qualified licensed health care provider with whom I have an established provider-patient relationship to provide The University of Vermont with medical information about my medical exemption for the COVID-19 vaccination.

No Yes

Employees who claim an exemption may be kept out of campus facilities and operations during the course of a COVID-19 outbreak if it is determine that such employees are at risk for getting COVID-19 and transmitting it to others. The length of time an employee will be excluded from campus facilities and operations will vary and can range from several days to more than a month.

By signing below, I understand that in order to maintain compliance with the [Mandatory COVID-19 Policy for Employees](#) I will need to take additional action which includes regular testing through the University of Vermont or through another UVM approved testing location which will further require the reporting of test results. Failure to test or report or other policy violations will result in a non-compliant status with consequences up to and including termination of employment at the University.

Employee Signature

Date

TO BE COMPLETED BY HEALTH CARE PROVIDER

The University of Vermont requires COVID-19 vaccination for all employees. The above-named person is requesting an exemption from COVID-19 vaccination. Please certify below the medical reason that your patient should not be immunized for COVID-19 by completing this form.

The physical condition of the patient or medical circumstances relating to the individual are such that immunization is not considered safe or is otherwise medically contraindicated. No Yes

Provider Printed Name: _____

Medical License # : _____

Provider Signature: _____ (Note: signature stamp not accepted)

Provider Address _____ Phone: _____ Fax: _____