



## COVID-19 or Influenza Vaccination Exemption Request

To support the health and well-being of students, employees, and our communities, the University and the Clerc Center requires all Gallaudet and Clerc Center employees, all new and returning Gallaudet students,\* and all Clerc Center students 12 years of age and older who are eligible for a COVID-19 vaccine or influenza (flu) vaccine to be fully vaccinated.

You may request an exemption to this requirement for one of the following reasons:

1. In the judgment of a qualified medical professional, the COVID-19 or flu vaccination is medically contraindicated for you or you otherwise have a medical condition that prevents you from being fully vaccinated,
2. You sincerely hold a religious belief that prohibits COVID-19 or flu vaccination, or
3. You are a remote non-matriculated student or employee on an extended leave of absence from the University.\*

If you are granted an exemption, you will not be required to be vaccinated during the period of time that the exemption is effective. Anyone receiving an exemption will be required to follow the same or enhanced protocols as all other Gallaudet and Clerc Center students and employees - including social distancing and use of face masks, and if applicable, personal protective equipment. Additionally, you may also be required to take other measures to reduce the risk of COVID-19 or flu exposure and transmission and may face particular restrictions regarding classes, housing, or other activities.

*\*Remote non-matriculated students and employees on extended leaves of absence are exempt from the vaccination requirements as long as they refrain from visiting University campus. However, if such students or employees elect to come to campus, they must be in compliance with the University's vaccination requirements (i.e., they are either fully vaccinated or have an approved exemption).*

The COVID-19 and flu vaccination requirement is effective as of August 16, 2021, for all covered individuals, except Clerc students. For Clerc students, the COVID-19 requirement is effective as of January 1, 2022. For any students or employees who wish to request an exemption, please submit the completed application to [eop@gallaudet.edu](mailto:eop@gallaudet.edu) and **Part A: Medical Exemption Request Form, Part B: Religious Accommodation Form, or Part C: Notification of Remote or Extended Leave Status, PART D: ACKNOWLEDGEMENT** along with all supporting documentation at least three (3) weeks in advance of your anticipated first day of employment or study, where feasible, in order to allow time for vaccination if your request is denied.

### ***PART A: EXEMPTION BASED UPON MEDICAL CONTRAINDICATION/CONDITION***

If you are requesting an exemption due to a medical condition, you must submit the completed **Part A: Request for Medical Exemption Request Form** signed and certified by a qualified medical professional. Gallaudet and the Clerc Center will determine whether your medical documentation is sufficient, may request follow-up information from your medical professional, and will notify you of its approval or denial of the request. If applicable, Gallaudet and the Clerc Center will work with you to determine what reasonable accommodation can be made for your situation.

***PART B: EXEMPTION ON THE BASIS OF SINCERELY HELD RELIGIOUS BELIEF***

If you seek an exemption based on your religion, you must submit the completed ***Part B: Request for Religious Accommodation Form***. A request for religious accommodation must be based on your sincerely held religious belief against receiving the COVID-19 or flu vaccine. Requests based solely on personal, political, or philosophical preferences will not be granted. In order to be considered for a religious exemption, you must submit the following documents:

1. A written letter addressed to the Chief Diversity Officer, explaining how the immunization would violate your religious belief by answering these three questions:
  - a. Explain in your own words why you are requesting this religious exemption,
  - b. Describe the religious principles that guide your objection to immunization, and
  - c. Indicate whether you are opposed to all immunizations and if not, the religious basis that prohibits each particular immunization and why it does not prohibit all immunizations.
2. A letter from a religious leader or authority of the faith community to which you are a member supporting the religion's objection to the COVID-19 or flu vaccine.

## PART A: Medical Exemption Request Form

*Instructions/ Complete the following information.*

Name (last, first) \_\_\_\_\_

Position Title: \_\_\_\_\_ Department: \_\_\_\_\_

Check one of the following:

,Student      Faculty      Staff      Teacher      Other \_\_\_\_\_

Email Address: \_\_\_\_\_

***Submit this completed form to [eop@gallaudet.edu](mailto:eop@gallaudet.edu)***

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### Medical Provider Section:

Information will be kept only in your confidential Equal Opportunity Program files, which is separate from your personnel file. A qualified medical professional must complete the medical exemption statement and provide their information below. ***Forms completed by the employee will not be accepted.***

**Physician/Provider Instructions:** Completing this form verifies that all vaccination methods against COVID-19 or influenza have been considered and that the following medical contraindication precludes vaccination for COVID-19 or influenza. Guidance regarding contraindications for COVID-19 or influenza vaccinations from the Advisory Committee on Immunization Practices (ACIP) is available on the Centers for Disease Control and Prevention (CDC) website online:

<https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19.html> (COVID-19) and

<https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html> (influenza).

**The person named above has been my patient since \_\_\_\_\_ / \_\_\_\_\_ (month/year).**

**Which of the vaccines are clinically contraindicated for this individual to receive? (If requesting an exemption from COVID-19 vaccination, please explain why there is a contradiction as to all vaccines currently authorized in the U.S., which are currently Pfizer-BioNTech, Moderna, and J&J.)**

**Please explain the medical facts/basis for your conclusion that the contraindications described above prevent this individual from being vaccinated. Please attach additional paper as necessary**

**Please state whether you have additional medical facts to add that support this individual being exempt from the vaccination requirement:**

**If you recommend, in your professional capacity, that this individual be exempted from Gallaudet University's mandatory vaccination policy, please state so here:**

**PART A: Medical Exemption Request Form**

<b>This exemption should be:</b> € Temporary, expiring on: __/__/__, or when _____ € Permanent
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The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, Gallaudet University asks that you not provide any genetic information when responding to this request for medical information.

"Genetic information," as defined by GINA, includes: (a) an individual's family medical history; (b) the results of an individual's or family member's genetic tests; (c) the fact that an individual or an individual's family member sought or received genetic services; and (d) genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

I certify the above information to be true and accurate, and request exemption from the vaccination(s) identified above for the above-named individual.

Name of Health Care Provider: \_\_\_\_\_

Health Care Provider Specialty: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Signature of Healthcare Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

## **PART B: Religious Exemption Request Form**

Name (last, first) \_\_\_\_\_

Position Title: \_\_\_\_\_ Department: \_\_\_\_\_

Check one of the following:

,Student    Faculty    Staff    Teacher    Other \_\_\_\_\_

Best Email Address: \_\_\_\_\_

***Submit this completed form to [eop@gallaudet.edu](mailto:eop@gallaudet.edu)***

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Information will be kept only in your confidential Equal Opportunity Program files, which is separate from your personnel file.

Please submit the following documents:

1. A written letter addressed to the Chief Diversity Officer, explaining how the immunization would violate your religious belief by answering these three questions:
  - a. Explain in your own words why you are requesting this religious exemption,
  - b. Describe the religious principles that guide your objection to immunization, and
  - c. Indicate whether you are opposed to all immunizations, and if not, the religious basis that prohibits each particular immunization and why it does not prohibit all immunizations.
  
2. A letter from a religious leader or authority of the faith community to which you are a member supporting the religion's objection to the COVID-19 or flu vaccine.

**PART C: NOTIFICATION OF REMOTE NON-MATRICULATED STATUS OR EXTENDED LEAVE**

Name (last, first) \_\_\_\_\_

Position Title: \_\_\_\_\_ Department: \_\_\_\_\_

Check one of the following:

,Student    Faculty    Staff    Teacher    Other \_\_\_\_\_

Best Email Address: \_\_\_\_\_

*Please initial next to the statement below:*

\_\_\_\_\_ *I am currently a remote non-matriculated student or an employee on extended leave from Gallaudet University and understand that my physical access to Gallaudet University is prohibited without adhering to the COVID-19 Mandatory Vaccination Policy.*

***Submit this completed form to [eop@gallaudet.edu](mailto:eop@gallaudet.edu)***

**PART D: ACKNOWLEDGMENT (Required for all requests)**

*Please sign and date the form after reading the acknowledgment. Late submissions and/or incomplete submissions may affect the approval process.*

**ACKNOWLEDGEMENT:**

***By completing or providing this form, I am requesting a religious exemption, medical accommodation, or am currently on remote status or extended leave from the University. If an exemption is granted based on the categories listed above, I will be exempted from the requirement to receive a COVID-19 vaccine or an influenza vaccine. I acknowledge that Gallaudet will consider whether a reasonable accommodation can be made and what that accommodation will be, in accordance with applicable law.***

***I further acknowledge that if I am not granted an exemption, I will be expected to obtain the appropriate vaccine as a condition of coming to campus.***

***I certify that the information that I have provided is accurate and any misrepresentation may result in disciplinary action up to and including termination (or expulsion, as applicable). Finally, I acknowledge that I have read and understand the Gallaudet University policy on disability and religious accommodations and the COVID-19 or flu vaccine and the University policy on non-matriculated students and employees on extended leave, and understand that the exemption requested above may not be granted, or an alternative accommodation may be provided, as consistent with applicable law.***

(Last Name, First Name) \_\_\_\_\_ Title: \_\_\_\_\_

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