

EMPLOYEE REQUEST FOR COVID-19 VACCINATION EXEMPTION FOR MEDICAL REASONS

Five Colleges, Inc. Employee Name:

FCI recognizes that vaccines are one of the most effective methods for creating a safe work environment and for reducing risk of COVID-19 infection, and that large-scale vaccination among FCI staff will support FCI's work and the goals of the campuses that we all support. Per the vaccination policy, FCI requires all eligible members of the FCI staff to be vaccinated against COVID-19 by August 1, 2021. Staff who decline to receive a vaccine for medical reasons may use this form to apply for an exemption.

The information on this form will be considered confidential.

EXEMPTION REQUEST

I request a medical exemption from FCI's COVID-19 vaccination requirement. I affirm that I am declining vaccination at this time because I have a medical condition that is recognized to have potential adverse impacts from the vaccine.

To be considered for an exemption, I understand that this form must be completed and submitted to FCI HR for a determination.

I also understand that if I am granted an exemption, I may be expected to comply with alternative methods for maintaining a safe work environment. If I am not granted an exemption, I must receive the vaccination as required. Otherwise, FCI may choose to take disciplinary action, change my work assignment, place me on an unpaid leave, or terminate my employment.

EMPLOYEE CERTIFICATION

I attest that the statements provided here are true and correct. I understand that any false statements, falsified documents, or deliberate omission of information could lead to disciplinary action.

Employee Signature:

Date:

PHYSICIAN CERTIFICATION

I certify that the above-named individual should not be vaccinated against COVID-19 because of a recognized contraindication to the vaccine.

Provider Name:	Phone:
Address:	
Provider Signature:	Date:

*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, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and 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.

FCI Approved: **Yes** **No** **Date:**