



## Medical Exemption and / or Disability Request Form

### Exemption to COVID-19 Vaccination Requirement

This form is for Students and Employees who are requesting a medical or disability exemption from the COVID-19 Policy as part of an approved reasonable accommodation from Bastyr University's ("Bastyr") COVID-19 vaccination requirement. To request an exemption from required vaccinations, students or employees please complete Section 1 below and have your medical provider complete Section 2. Email **completed** form to The Office of the Vice President of Student Services (for students) [poldocs@bastyr.edu](mailto:poldocs@bastyr.edu), or the Office of Human Resources (for employees) [poldoce@bastyr.edu](mailto:poldoce@bastyr.edu).

### SECTION 1 – TO BE COMPLETED BY STUDENT OR EMPLOYEE

Student or Employee Name		Student I.D. #	
Job title (If Applicable)		Location	
Department or Academic Program		Supervisor (If Applicable)	
Cell / Home Phone #		Bastyr Email	

Bastyr University policy requires that all students and employees (except students in the fully online Maternal and Child Health Systems and first year Master of Science Nutrition for Wellness and Health Coaching degree programs) receive a COVID-19 vaccination.

In order to request an exemption from the COVID-19 Policy as part of an approved, reasonable accommodation, the covered individual should submit the completed request form **by September 15, 2021**. The form must be signed by a licensed, approved healthcare provider, who is unrelated to the covered individual, and who is also not affiliated with Bastyr University.

Exemptions expire if/when contraindicating medical condition(s) resolve in a way that allows for a COVID-19 vaccination. Renewal of an exemption from this Policy as part of approved reasonable accommodation(s) may be required at the discretion of the University in response to new Federal and State recommendations. Individuals with an approved exemption will be required to comply with additional preventative requirements that are included in the Bastyr COVID-19 policies, and as recommended by their healthcare provider. In order to protect those with exemptions during an outbreak on campus, those with exemptions may be excluded from participation in all campus activities until the outbreak is under control.

The Office of the Vice President of Student Services (for students) or the Office of Human Resources (for employees) will review all exemption requests on a case-by-case basis. Once the completed exemption form is received, we will engage in an interactive process to identify possible accommodations. The



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interactive process is intended to clarify the student or employee's request and identify appropriate exemption / reasonable accommodation(s).

You may be contacted for clarification if needed. An exemption / accommodation(s) will be granted where they do not cause Bastyr University undue hardship or pose a direct threat to the health and safety of others.

Bastyr will notify the student or employee of approval or denial of their exemption request once the interactive process has been completed. If the exemption is temporary, then the written notice will also include an expiration date, and you will be required to complete vaccination by that date. If the condition persists or a new condition occurs for which vaccination is contraindicated, then the covered individual may submit an updated request. Individuals are permitted to re-submit an application if new medical information becomes available.

Exemptions will remain in place for one academic year and must be renewed annually.

## Students and Employees must read the following and initial:

- 1 I request exemption from the COVID-19 vaccination requirements due to my current **medical condition or disability**. I understand and assume the risks of being unvaccinated. I accept full responsibility for my health, thus removing liability from Bastyr University. \_\_\_\_\_
- 2 I acknowledge that I have read this [CDC COVID-19 vaccination information](#). \_\_\_\_\_
- 3 I understand that because I am not vaccinated, I may be required to comply with additional COVID-19 preventative measures to protect my own health and the health of the Bastyr community as part of the reasonable accommodation that includes the exemption. \_\_\_\_\_
- 4 I understand by declining this vaccination, I may be required to have regular or periodic COVID-19 testing if the University deems it necessary for campus safety. \_\_\_\_\_
- 5 I understand that due to situations on any campus or other public health requirements, I may be temporarily excluded from in-person activities and facilities (including but not limited to classrooms, offices and common areas in Bastyr housing). I agree to comply with safety protocols, and I accept responsibility for communicating with either the Office of the Vice president of Student Services or the Office of Human Resources as required to be in compliance with safety requirements for unvaccinated individuals. Moreover, I understand that temporary exclusion from campus facilities does not entitle me to tuition refunds (students) or additional paid leave (employees). \_\_\_\_\_
- 6 If I contract COVID-19, I will **immediately** comply with all Bastyr University procedures for notification, isolation and quarantine. \_\_\_\_\_
- 7 I understand and agree to comply with and abide by all Bastyr University COVID-19 policies and procedures. \_\_\_\_\_



8 I understand that if the health care provider indicates that the condition is temporary, then the exemption will have an expiration date, and I will be required to comply with the vaccination policy or submit a new request for any new medical contraindications, by the expiration of the approved exemption.

9 I authorize my licensed health care provider to provide Bastyr University with medical information about my medical exemption for the COVID-19 vaccination.

## STUDENT OR EMPLOYEE EXEMPTION REQUEST AND DECLARATION

I am requesting a medical or disability exemption from Bastyr University's mandatory COVID-19 Vaccination policy as part of an approved reasonable accommodation for the following vaccination(s):

I verify that the information I am submitting to substantiate my request for exemption from Bastyr University's mandatory COVID-19 Vaccination policy as part of an approved reasonable accommodation 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 or dismissal.

I further understand that Bastyr University is not required to provide this exemption if doing so would pose a direct safety threat to myself or others in the workplace or would create an undue hardship for Bastyr University.

<b>Student or Employee Signature:</b>	<b>Date:</b>
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## SECTION 2: TO BE COMPLETED BY A HEALTHCARE PROVIDER

Bastyr University policy requires that all covered individuals receive a COVID-19 vaccination.

\_\_\_\_\_ (insert patient's name) is requesting a medical or disability exemption from this Policy as part of approved reasonable accommodation from the vaccination requirement. An exemption may be granted for recognized contraindications.

There are two options available, both of which require the signature of a healthcare provider.

### Option 1 - Allergy

A documented history of a severe allergic reaction to any component of a COVID-19 vaccine or to a substance that is known to cross-react with a vaccine component. Please indicate which of the following vaccines are contraindicated and list the components of that vaccine. **Please note that a history of egg allergy will not be accepted as a routine medical exemption because an egg free vaccine is available.**

- Moderna - **List the contraindicated component(s):**
- Pfizer - **List the contraindicated component(s)**
- Janssen/Johnson & Johnson - **List the contraindicated component(s):**

A documented history of a severe allergic reaction following a previous dose of the COVID-19 vaccine. Please indicate the vaccine to which the patient had a reaction and the date of the vaccine & reaction.

- Moderna - **Date of Vaccine & Reaction:**
- Pfizer - ***Date of Vaccine & Reaction:*** \_
- Janssen/Johnson & Johnson - **List the contraindicated component(s):**



## Option 2 – Physical Condition/Medical Circumstance

The physical condition of the patient or the individual's medical / disability circumstances are such that immunization is not considered safe. Please state, **with sufficient detail for independent medical review**, the specific medical condition or circumstances that contraindicate immunization with the COVID-19 vaccine.

**Explanation:**

### HEALTHCARE PROVIDER DECLARATION

I declare that the above-named patient, \_\_\_\_\_, consulted with me on the advisability of being vaccinated for COVID-19 or variants. I have discussed the benefits and risks of immunizations with the patient and/or parent/legal guardian as a condition of exemption. I certify that I am a qualified healthcare provider (ARNP, DO, MD, PA and ND for Washington State or DO, MD, and PA for California State), and the information provided on this form is complete and correct.

- Please initial to verify that you do not have a recent professional affiliation with Bastyr University \_\_\_\_\_
- Please initial to verify that you have read the these [CDC guidelines](#) \_\_\_\_\_

**The person named above should not receive the COVID-19 vaccine due to:**

**This exemption (contradiction) should be:**

- ☐ Temporary, expiring on: \_\_/\_\_/\_\_, date the expiration of the exemption for the COVID-19 vaccine(s) \_\_\_\_\_
- ☐ Permanent

I certify the above information to be true and accurate, and request exemption from the COVID-19 vaccine for the above-named individual.

Medical Provider Name (print):	
Medical Provide Signature:	Date:
Practice Name & Address:	Provider Phone:
Medical License #:	State Licensed in:



## USE FOR OFFICES OF VP OF STUDENT SERVICES AND HUMAN RESOURCES ONLY

Date of initial request:

Date certification received:

Accommodation request:

☐ Approved Date:

BY:

Describe specific accommodation details:

☐ Denied Date:

BY:

Describe why accommodation is denied: