



Employee Request for Medical Exemption from COVID-19 Vaccination Form

Name: _____

UANET: _____ Email: _____ Phone: _____

SUBMIT COMPLETED FORM AND DOCUMENTS TO: benefits@uakron.edu

The University of Akron is committed to providing an inclusive and supportive environment for all and recognizes that some may not be vaccinated against COVID-19 for medical reasons. The University of Akron also recognizes that some who are pregnant or actively breastfeeding may wish to defer getting vaccinated until no longer pregnant or actively breastfeeding. A medical exemption may be granted upon receipt of a completed form (below) not more than 6 months old, signed and certified by a licensed healthcare provider, not related to the submitter, and whose specialty is appropriate to the associated condition. Medical exemptions expire when the medical condition(s) contraindicating COVID-19 vaccination changes in a manner which permits vaccination or upon date specified.

The assigned expiration date is at the sole determination of The University of Akron. Individuals with an approved exemption may be required to comply with additional testing and other preventive requirements as specified in the exemption approval and as may be updated by later notification and/or posting of requirements.

In the event of an outbreak on or near campus, individuals holding exemptions may be excluded from all campus facilities and activities, for their protection, until the outbreak is declared to be over. The Office of Benefits Administration will review all requests, although approval is not guaranteed. After your request has been reviewed and processed, you will be notified, in writing, if an exemption has been granted. If the approved exemption contains an expiration date, you will be expected to complete a new request at that time.

Should the condition continue, or a new vaccination contraindication occur, or the current exemption expire, a new request with updated documentation is required. Decisions are final and not subject to appeal. Individuals are permitted to reapply if new documentation and information should become available.

Important Note: Requesting an exemption does not equate to registration as a employee with a disability. If you require disability-related accommodations outside of this exemption, you must go through the interactive Americans with Disabilities Act process. To request an accommodation please go to the [Request form](#).

In order to submit a request, please:

- Read the [CDC COVID-19 Vaccine Information](#)
- Complete this form;
- Have your Licensed Health Care Provider provide the required documentation; and
- Submit the completed documents.

Note: Incomplete submissions will not be reviewed. Be sure all forms and documentation are submitted at one time.

Initial next to each of the statements below:

	I request exemption from the COVID-19 vaccination requirements due to my current medical condition. I understand and assume the risks of non-vaccination.
	Because I am not vaccinated and in order to protect my own health and the health of the community, I will comply with additional COVID-19 testing requirements and other preventive guidance.
	I understand that in the event of an outbreak or threatened outbreak, I may be temporarily excluded from The University of Akron's facilities and activities (including but not limited to University owned housing). I agree to comply with these restrictions and accept responsibility for communicating with faculty and advisors as appropriate to allow compliance with health and safety requirements for unvaccinated individuals.
	I further understand that restrictions from University facilities, including but not limited to classes and living spaces, does not entitle me to any reduction in, or refund of tuition, housing charges, or other University fees.
	I agree that if I contract COVID-19, I will immediately report it to The University and comply with all isolation and quarantine procedures specified by Summit County Health officials and The University of Akron and will remove myself from the University community if so advised.
	I acknowledge that I have read the CDC COVID-19 Vaccine Information
	I understand that this exemption will expire when the medical condition(s) contraindicating vaccination changes in a manner that permits vaccination.
	I understand and agree to comply with and abide by all University COVID-19 policies and procedures.
	I understand that this exemption is only valid for the approved period and I may need to submit a new request for any subsequent changes, new medical contraindications, or on expiration of an approved exemption.

	I authorize my licensed health care provider to provide The University of Akron with medical information about my medical exemption for the COVID-19 vaccination.
	I certify that the information I have provided on and in connection with this request is accurate and complete as of the date of this submission. I understand this exemption may be revoked and I may be subject to disciplinary action if any false information has been used to request an exemption.

Printed Name: _____

Signature: _____

Date: _____

UA ID: _____

E-mail: _____

Phone Number: _____

By checking this box and typing my name above, I understand and agree that I am submitting this document electronically and that it is the legal equivalent of having placed my handwritten signature on this page.

ATTACH DOCUMENTATION FROM LICENSED HEALTH CARE PROVIDER