

Request for Accommodation Medical Exemption from COVID-19 Vaccine

To request a medical exemption from Catawba College's mandatory COVID-19 vaccine requirement, you are to complete Section 1, below. Students return this form to healthcenter@catawba.edu, and employees e-mail this form to hr@catawba.edu.

SECTION 1

Name: _____

Catawba ID# _____

Cell Phone: _____

Email: _____

I request a medical exemption from Catawba College's mandatory COVID-19 vaccine requirement. I verify the information I am submitting to substantiate my request for exemption is true and accurate to the best of my knowledge. I understand any falsified information will lead to disciplinary action in accordance with the Student Code of Conduct or the Employee Handbook.

I further understand Catawba College is not required to provide this exemption accommodation if doing so would pose a direct threat to myself or others in the campus community or would create an undue hardship for Catawba College.

I further understand granting of my accommodation request may result in the requirements (1) I obtain, at my sole expense, a COVID-19 test at least weekly and provide the results to Catawba, and (2) I wear a face covering over my nose and mouth at all times while indoors on the Catawba campus and/or participating in Catawba sponsored activities and other requirements necessary for the health and safety of the Catawba campus and community.

Signature: _____

Date: _____

SECTION 2: Medical Certification for Covid-19 Vaccination Exemption

Name: _____

Dear Medical Provider,

Catawba College requires a COVID-19 vaccination as a condition to participate in on-campus activity and/or in any Catawba-sanctioned activities, effective January 1, 2022. The person named above seeks an exemption to this Policy due to medical contraindications. Please complete this form to assist Catawba College with the reasonable accommodation process.

The person named above should not receive the COVID-19 vaccine due to (describe the disability or medical condition):

(Continued next page)

This exemption is:

Temporary, expiring on _____, or when _____
Permanent

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

Medical Provider Name (Print): _____

Medical Provider License (Print): _____

Medical Provider Signature: _____

Practice Name and Address: _____

CATAWBA COLLEGE USE ONLY

Date Request Received: _____

Date Certification Received: _____

Accommodation Request:

Approved: _____
Describe specific accommodation details:

Denied: _____
Describe reason(s) accommodation denied:

Signature: _____

Printed Name: _____