



The University of Kansas COVID-19 Vaccine Employee Medical Exemption Request

Mandatory COVID-19 Vaccine Policy

The University of Kansas requires all employees to be fully vaccinated against COVID-19. This form should be used by employees who are requesting an exemption from the mandatory vaccine requirement because of a disability. Employees may also request a delay for complying with the vaccination requirement based on certain medical considerations recognized by the CDC. While waiting for a decision, employees must continue to follow University guidance on face coverings on campus and other safety measures.

You will be required to submit a doctor note certifying that you are unable receive the COVID-19 vaccination to complete the medical exemption request process. If you have not already consulted with a doctor about your medical condition, you should do so promptly to meet the required deadlines for vaccination.

Name: _____ Employee ID: _____

Campus: _____ Email: _____

To request a medical exception or delay from the COVID-19 vaccination requirement:

1. **You** must complete pages 1 & 2 of this form.
2. **Your healthcare provider** must verify your request for an exemption by completing page 3 of this form.
3. **Submit** the completed, signed form as an upload to KU’s medical exemption webform at <https://protect.ku.edu/exemption-request-medical>, or, if you are unable to use the webform, you may email this form to hrdept@ku.edu.

COVID-19 Vaccine Employee Medical Exemption Request Information

To be completed by employee. All fields are required.

A medical exemption from COVID-19 vaccination is allowed for certain recognized contraindications (<https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>).

I request a medical exemption from COVID-19 vaccination based on the following documented contraindication (check all that apply):

- Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine.
- Immediate allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine.



Which ingredient caused an allergic reaction? _____

What was the reaction? _____

Vaccine Ingredients can be found on the CDC webpage at: <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#Appendix-C>

Which brand of the COVID-19 vaccine is contraindicated and why? _____

How long will the medical contraindication last? _____

Other contraindication or medical condition – Please explain in detail the other contraindication or specific medical condition justifying an exemption or delay.

Examples of reasons NOT considered for other contraindication or specific medical condition include but are not limited to:

- History of severe allergic reactions to foods, oral medications, latex, pets, insects, or environmental triggers
- History of immunocompromising conditions or medications, which may make the vaccine less effective
- A general history of vaccine side effects or general avoidance of vaccines

Please provide/attach any additional information or documentation that may be helpful in processing your medical exemption request. The exemption committee may request additional information or documents as needed to process your request.

By signing this Medical Exemption Request, the employee attests that they have the contraindication or other medical condition described above and verifies the truth and accuracy of the statements in this request form.

Employee Signature: _____

Date: _____



Medical Exemption Verification Form

To be completed by your healthcare provider.

When submitting this verification form to your healthcare provider, please also provide them a copy of your completed "COVID-19 Vaccine Employee Medical Exemption Request."

ATTESTATION

I certify that I have reviewed the request for a Medical Exemption from receiving the COVID-19 Vaccine completed by _____ [KU Employee name],

I am a physician (MD or DO) licensed to practice medicine in a jurisdiction of the United States or an advanced practice nurse licensed in a jurisdiction of the United States.

By signing below, I affirm that I have reviewed the current CDC Contraindications and affirm that the employee's stated contraindication is enumerated by the CDC and consistent with established national standards for vaccination practices.

Healthcare Provider Name (please print): _____

Specialty: _____

License No.: _____ **State of Licensure:** _____ **NPI No.:** _____

Phone: _____ **Fax:** _____ **Email:** _____

Signature: _____ **Date:** _____

(Note: Signature Stamp Not Acceptable)



The University of Kansas COVID-19 Vaccine Employee Religious Belief Exemption Request

The University of Kansas requires all employees to be fully vaccinated against COVID-19. This form should be used by employees who are requesting an exemption from the mandatory vaccine requirement because of a sincerely held religious belief, practice, or observance that conflicts with the vaccine requirement. While waiting for an exemption decision, employees must continue to follow University guidance on face coverings on campus and other safety measures. To be eligible for a possible exemption, an employee must first establish that the employee’s refusal to be vaccinated is based upon a sincere belief that is religious in nature. A refusal to be vaccinated does not qualify for an exception if it is based upon personal preference, concerns about the possible effects of the vaccine, or political opinions.

Name: _____ Employee ID: _____

Campus: _____ Email: _____

1. Please describe the nature and tenets of your sincerely held religious belief, practice, or observance that is the basis for your request for a religious exemption/accommodation to the University’s COVID-19 vaccination requirement.



2. Would complying with the COVID-19 vaccination requirement substantially burden your religious exercise? If so, please explain how.

3. How long have you held the above religious belief, practice, or observance?

4. Please describe whether, as an adult, you have received any vaccines against any other diseases.

5. If you do not have a religious objection to the use of all vaccines, please explain why your objection is limited to particular vaccines.

6. Please provide any additional information that you think may be helpful in reviewing your request. Such supporting documentation may include, as applicable:

- Past documentation of medical and vaccination/immunization history that shows you acted in a manner consistent with your religious belief;
- Written religious materials describing the religious belief, practice, or observance; or
- Written statements or other documents from third parties, such as religious leaders, practitioners, or others with whom you have discussed your beliefs, or who have observed your past adherence to these beliefs.

By signing this Religious Belief Exemption Request, the employee attests that they cannot receive a COVID-19 vaccination because of the sincerely held religious belief, practice, or observance described above, and verifies the truth and accuracy of the statements in this request form.

Signature: _____

Date: _____