

WICHITA STATE UNIVERSITY
EMPLOYEE REQUEST FOR MEDICAL EXEMPTION FROM COVID-19 VACCINE REQUIREMENT

PURPOSE:

This form is to be completed if Employee is requesting an exemption from the Wichita State University (WSU) vaccination requirement for medical reasons. WSU requires all Employees to be fully vaccinated for COVID-19 unless such Employee is entitled to an accommodation. A person is "fully vaccinated" for COVID-19, either: (a) two weeks after Employee has received the second vaccination dose in a two-dose series or (b) two weeks after the Employee has received a single dose vaccine.

INSTRUCTIONS:

1. Employee requesting the medical exemption completes Section I of this form.
2. Employee's Health Care Provider completes Section II of this form.
3. Employee uploads completed form at:

SECTION I: EMPLOYEE INFORMATION AND CERTIFICATION *(To be completed by Employee)*

By completing this form and signing below, I, Employee, am requesting a **medical exemption** and believe I meet the qualifications for such an exemption. I confirm that the information provided on this form is accurate and truthful to the best of my knowledge. **I further understand that I may be required by WSU to comply with additional restrictions and preventive guidance (e.g., regular testing, masking, wearing personal protective equipment, social distancing, removal from facility in the event of an outbreak, etc.).**

I further understand and agree that any exemption granted may be temporary and I may be required to provide additional documentation and/or certifications in the event of any change in my circumstances, University policy, or the law.

Employee Name (please print): _____ **myWSU ID:** _____

Employee Signature: _____ **Date:** _____

SECTION II: HEALTH CARE PROVIDER CERTIFICATION *(To be completed by Employee's Health Care Provider. If Section II is completed by Employee, this form will not be accepted.)*

By completing this form and signing below, I, Health Care Provider, certify that different methods of vaccinating against COVID-19 have been considered and that the following medical contraindication and/or condition precludes any/all vaccinations for COVID-19 for the above-named Employee.

- Severe allergic reaction (anaphylaxis) after a previous dose of or to a component of any available COVID-19 vaccine. Please describe below.
- Immediate allergic reaction to a previous dose or known (diagnosed) allergy to a component of any available COVID-19 vaccine. Please describe below.
- Other medical circumstance that would prevent Employee from receiving any COVID-19 vaccine. Please describe below.

The condition described above is: _____ Temporary _____ Permanent

If this is a temporary condition or medical circumstance, identify the date when it is expected to end or expire (allowing for COVID-19 vaccination to begin after the date provided): _____

Health Care Provider Signature: _____ **Date:** _____

Health Care Provider Printed Name: _____ **Practice Name:** _____

E-mail _____ **Telephone Number:** _____

**WICHITA STATE UNIVERSITY
EMPLOYEE REQUEST FOR MEDICAL EXEMPTION FROM MASK REQUIREMENT**

PURPOSE:

WSU requires all Employees to wear masks while on-campus. This form is to be completed if Employee is requesting an exemption from the Wichita State University (WSU) mask requirement for medical reasons. While waiting for an exemption decision, Employee must continue to follow all WSU guidance on masks and follow all other safety measures in place.

INSTRUCTIONS:

1. Employee requesting the medical exemption completes Section I of this form.
 2. Employee's Health Care Provider completes Section II of this form.
 3. Employee emails completed form to HR.ServiceCenter@wichita.edu.
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SECTION I: EMPLOYEE INFORMATION AND CERTIFICATION *(To be completed by Employee)*

By completing this form and signing below, I, Employee, am requesting a **medical exemption** and believe I meet the qualifications for such an exemption. I confirm that the information provided on this form is accurate and truthful to the best of my knowledge. **I further understand that I may be required by WSU to comply with additional restrictions and preventive guidance (e.g., regular testing, wearing personal protective equipment, social distancing, removal from facility in the event of an outbreak, etc.).**

I further understand and agree that any exemption granted may be temporary and I may be required to provide additional documentation and/or certifications in the event of any change in my circumstances, University policy, or the law.

Employee Name (please print): _____ **myWSU ID:** _____

Employee Signature: _____ **Date:** _____

SECTION II: HEALTH CARE PROVIDER CERTIFICATION *(To be completed by Employee's Health Care Provider. If Section II is completed by Employee, this form will not be accepted.)*

Health Care Provider Certification: By completing this form and signing below, I, Health Care Provider, certify that Employee is precluded from wearing a face mask due for one of the following reasons:

- Employee has a physical, mental, or medical health condition or disability that prevents wearing a mask.
- Employee is hearing impaired, or must communicate with a person that is hearing impaired, where the ability to see the mouth is essential for communication.
- Other medical circumstance preventing use of mask. Please describe below.

Probable Duration of Need for Accommodation (insert time period in days, months or expiration of certification): _____

Health Care Provider Signature: _____ **Date:** _____

Health Care Provider Printed Name: _____ **Practice Name:** _____

Email: _____ **Telephone Number:** _____

**WICHITA STATE UNIVERSITY
EMPLOYEE REQUEST FOR RELIGIOUS EXEMPTION FROM COVID-19 VACCINE REQUIREMENT**

PURPOSE AND INSTRUCTIONS:

This form is to be completed if WSU Employee is requesting an exemption from the Wichita State University (WSU) vaccination requirement for religious reasons. WSU requires all Employees to be fully vaccinated for COVID-19 unless such Employee is entitled to an accommodation. A person is "fully vaccinated" for COVID-19, either: (a) two weeks after Employee has received the second vaccination dose in a two-dose series or (b) two weeks after the Employee has received a single dose vaccine. This form may not be submitted yet. A secure and confidential process is being completed that will allow employees to upload their documents. We will communicate more on this process as soon as the details are available. Any forms submitted outside the portal will be returned as unprocessed.

SECTION I: EMPLOYEE INFORMATION *(To be completed by Employee)*

To be eligible for a possible exception, you, Employee, must first establish that your 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.

1. In the space below, please provide a written statement explaining the nature and tenets of Employee's sincerely held religious belief, practice, or observance and a statement of why the sincerely held religious belief, practice, or observance should exempt Employee from complying with WSU's COVID-19 vaccine requirement:

2. Please provide any additional information that you think may be helpful in reviewing your request. If desired, provide supporting documentation.

SECTION II: EMPLOYEE CERTIFICATION

By completing this form and signing below, I, Employee, am requesting a **religious exemption** and believe I meet the qualifications for such an exemption. I confirm that the information provided on this form is accurate and truthful to the best of my knowledge. I further understand and agree that:

1. I may be required by WSU to comply with additional restrictions and preventive guidance (e.g., regular testing, masking, wearing personal protective equipment, social distancing, removal from facility in the event of an outbreak, etc.).
2. Any exemption granted may be temporary and I may be required to provide additional documentation and/or certifications in the event of a request by the university or any change in my circumstances, University policy, or the law, including federal guidance related to religious exemption requests.

Employee Name (please print): _____ **myWSU ID:** _____

Employee Signature: _____ **Date:** _____

**WICHITA STATE UNIVERSITY
EMPLOYEE REQUEST FOR RELIGIOUS EXEMPTION FROM MASK REQUIREMENT**

PURPOSE AND INSTRUCTIONS:

WSU requires all WSU Employees to wear masks while on-campus. This form is to be completed if Employee is requesting an exemption from the Wichita State University (WSU) mask requirement for religious reasons. After completing this form, email to HR.ServiceCenter@wichita.edu. While waiting for an exemption decision, Employee must continue to follow all WSU guidance on masks and follow all other safety measures in place.

SECTION I: EMPLOYEE INFORMATION

1. In the space below, please provide a written statement explaining the nature and tenets of Employee's sincerely held religious belief, practice, or observance and a statement of why the sincerely held religious belief, practice, or observance should exempt Employee from wearing a mask while on-campus:

2. Please provide any additional information that you think may be helpful in reviewing your request. If desired, provide supporting documentation.

SECTION II: EMPLOYEE CERTIFICATION

By completing this form and signing below, I, Employee, am requesting a **religious exemption** and believe I meet the qualifications for such an exemption. I confirm that the information provided on this form is accurate and truthful to the best of my knowledge. I further understand and agree that:

1. I may be required by WSU to comply with additional restrictions and preventive guidance (e.g., regular testing, wearing personal protective equipment, social distancing, removal from facility in the event of an outbreak, etc.).
2. Any exemption granted may be temporary and I may be required to provide additional documentation and/or certifications in the event of a request by the university or any change in my circumstances, University policy, or the law, including federal guidance related to religious exemption requests.

Employee Name (please print): _____ **myWSU ID:** _____

Employee Signature: _____ **Date:** _____