



COVID-19 IMMUNIZATION EXEMPTION/EXTENSION REQUEST FORM

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|-----------|------------|----------------------|----------|
| Last name | First name | DOB (month day year) | Z-Number |
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I request an exemption/extension from the immunization requirement(s) (including any Booster) for the following reason:

1. MEDICAL EXEMPTION/EXTENSION:

- A statement from a doctor explaining the medical contraindication is required for a medical exemption/extension, including the time period for which the exemption/extension is valid.
- Medical Exemptions will be reviewed at least annually, if not earlier on a case-by-case basis based on the medical documentation that is submitted. Employees who no longer have a valid or documented medical reason for the exemption/extension should immediately notify OHR and will be required to update the necessary documentation.

MEDICAL REASON: Reason and time period must be explained by physician. Please explain:

Healthcare Provider Signature: _____ Date: _____

Healthcare Provider Printed Name and Office: _____

Healthcare Provider Phone Number: _____ Fax Number: _____

2. RELIGIOUS EXEMPTION:

- A written statement is required from the employee explaining the conflict with religious beliefs for a religious exemption. A religious exemption is not the same as a philosophical, moral or conscientious exemption.

RELIGIOUS REASON: Receipt of vaccination and immunization would conflict with employee's sincere religious beliefs. Please explain (*Must be explained by employee, and additional information and/or documentation about your religious practice(s) or belief(s) may be requested*).

3. EXTENSION OF IMMUNIZATION OR BOOSTER DATE

I request an extension of the date to comply with the immunization or booster requirement(s) for the following reason:

- I tested positive for COVID-19 within the last three months and am unable to be vaccinated or boosted until _____, (provide date). Please note that you must provide documentation of positive Covid-19 test as well as Medical Documentation from your healthcare provider.
- I just returned from overseas on _____ (provide date) and need additional time to schedule immunization.
- Other: Please explain (Must be explained by employee, and additional information and/or documentation may be requested).

- 4. **IMPORTANT NOTE:** In the event of a contagious outbreak in an employee's work area, an employee who has been exempted or provided an extension from immunization may be temporarily relocated to another area on campus or if necessary, may not be allowed to remain on campus until the outbreak is declared over.
- 5. **IMPORTANT NOTE:** Exemption and extension requests are evaluated on a case-by-case basis and are not automatic. You will be notified by email once your request has been approved/denied.
- 6. **IMPORTANT NOTE:** An employee who is granted an exemption or an extension, and is not otherwise vaccinated but is permitted in/on any University property, must comply with University health and safety protocols (i.e., wear facial covering, maintain physical distancing where possible, frequently wash and/or sanitize hands, complete the daily Health Pledge, submit to COVID-19 testing as needed/required by the University, and cooperate with University and health professionals for contact tracing).

CERTIFICATION

I certify that all of the statements made in support of this request for exemption/extension are true, correct and complete, to the best of my knowledge, and are made in good faith. I understand that misinformation or misrepresentation may result in denial of my request and disciplinary action.

Employee Signature: _____ Date: _____

This form, and all supporting documentation, should be submitted to Joyce.Wilson@stockton.edu