



COVID-19 Vaccination Exemption Request

To support the health and well-being of students, employees, and our communities, the University and the Clerc Center requires all Gallaudet and Clerc Center employees, all new and returning Gallaudet students,* and all Clerc Center students 12 years of age and older who are eligible for a COVID-19 vaccine to be fully vaccinated.

You may request an exemption to this requirement for one of the following reasons:

1. In the judgment of a qualified medical professional, the COVID-19 vaccination is medically contraindicated for you or you otherwise have a medical condition that prevents you from being fully vaccinated, or
2. You sincerely hold a religious belief that prohibits COVID-19 vaccination.

If you are granted an exemption, you will not be required to be vaccinated during the period of time that the exemption is effective. Anyone receiving an exemption will be required to follow the same or enhanced protocols as all other Gallaudet and Clerc Center students and employees - including social distancing and use of face masks, and if applicable, personal protective equipment. Additionally, you may also be required to take other measures to reduce the risk of COVID-19 exposure and transmission and may face particular restrictions regarding classes, housing, or other activities.

**Remote non-matriculated students and employees on extended leaves of absence are exempt from the vaccination requirements. However, if such students or employees elect to come to campus, they must be in compliance with the University's vaccination requirements (i.e., they are either fully vaccinated or have an approved exemption).*

The COVID-19 vaccination requirement is effective as of August 16, 2021 for all covered individuals, except Clerc students. For Clerc students, the COVID-19 requirement is effective as of January 1, 2022. For any students or employees who wish to request an exemption, please submit the completed application to eop@gallaudet.edu and **Part A: Medical Exemption Request Form** or **Part B: Religious Accommodation Form**, along with all supporting documentation at least three (3) weeks in advance of your anticipated first day of employment or study, where feasible, in order to allow time for vaccination if your request is denied.

PART A: EXEMPTION BASED UPON MEDICAL CONTRAINDICATION/CONDITION

If you are requesting an exemption due to a medical condition, you must submit the completed **Part A: Request for Medical Exemption Request Form**, signed and certified by a qualified medical professional. Gallaudet and the Clerc Center will determine whether your medical documentation is sufficient, may request follow-up information from your medical professional and will notify you of its approval or denial of the request. If applicable, Gallaudet and the Clerc Center will work with you to determine what reasonable accommodation can be made for your situation.

PART B: EXEMPTION ON THE BASIS OF SINCERELY HELD RELIGIOUS BELIEF

If you seek an exemption based on your religion, you must submit the completed **Part B: Request for Religious Accommodation Form**. A request for religious accommodation must be based on your sincerely held religious belief against receiving the COVID-19 vaccine. Requests based solely personal, political or philosophical preferences will not be granted. In order to be considered for a religious exemption, you must submit:

A written letter addressed to the Chief Diversity Officer, explaining how the immunization would violate your religious belief by answering these three questions:

- a. Explain in your own words why you are requesting this religious exemption,
- b. Describe the religious principles that guide your objection to immunization, and
- c. Indicate whether you are opposed to all immunizations, and if not, the religious basis that prohibits each particular immunization and why it does not prohibit all immunizations.

While not required, a letter from a religious leader or authority of the faith community to which you are a member supporting the religion's objection to the COVID-19 vaccine is encouraged.

PART A: Medical Exemption Request Form

Instructions/ Complete the following information.

Name (last, first)_ Position Title:_Department:

Check one of the following:

☐ Student ☐ Faculty ☐ Staff ☐ Teacher ☐ Other

Email Address:

Submit this completed form to eop@gallaudet.edu

Medical Provider Section:

Information will be kept only in your confidential Equal Opportunity Program files, which is separate from your personnel file. A qualified medical professional must complete the medical exemption statement and provide their information below. ***Forms completed by the employee will not be accepted.***

Physician/Provider Instructions: Completing this form verifies that all vaccination methods against COVID 19 have been considered and that the following medical contraindication precludes vaccination for COVID-19. Guidance regarding contraindications for COVID-19 vaccinations from the Advisory Committee on Immunization Practices (ACIP) is available on the Centers for Disease Control and Prevention (CDC) website online: <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19.html> (COVID-19).

The person named above has been my patient since ____/____ (month/year).

Which of the vaccines are clinically contraindicated for this individual to receive? (If requesting an exemption from COVID-19 vaccination, please explain why there is a contradiction as to all vaccines currently authorized in the U.S., which are currently Pfizer-BioNTech, Moderna, and J&J.)

Please explain the medical facts/basis for your conclusion that the contraindications described above prevent this individual from being vaccinated. Please attach additional paper as necessary

Please state whether you have additional medical facts to add that support this individual being exempt from the vaccination requirement:

If you recommend, in your professional capacity, that this individual be exempted from Gallaudet University's mandatory vaccination policy, please state so here:

This exemption should be:

€ Temporary, expiring on: __/__/__, or when _____

€ Permanent

PART A: Medical Exemption Request Form

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, Gallaudet University asks that you not provide any genetic information when responding to this request for medical information.

"Genetic information," as defined by GINA, includes: (a) an individual's family medical history; (b) the results of an individual's or family member's genetic tests; (c) the fact that an individual or an individual's family member sought or received genetic services; and (d) genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

I certify the above information to be true and accurate, and request exemption from the vaccination(s) identified above for the above-named individual.

Name of Health Care Provider:

Health Care Provider Specialty:

Address: _City/State/Zip

Signature of Healthcare Provider: _Date: Email Phone

PART B: Religious Exemption Request Form

Name (last, first)_ Position Title:_Department:

Check one of the following:

,Student Faculty ,Staff ,Teacher ,Other

Best Email Address:

Submit this completed form to eop@gallaudet.edu

Information will be kept only in your confidential Equal Opportunity Program files, which is separate from your personnel file.

Please submit the following documents:

1. A written letter addressed to the Chief Diversity Officer, explaining how the immunization would violate your religious belief by answering these three questions:
 - a. Explain in your own words why you are requesting this religious exemption,
 - b. Describe the religious principles that guide your objection to immunization, and
 - c. Indicate whether you are opposed to all immunizations, and if not, the religious basis that prohibits each particular immunization and why it does not prohibit all immunizations.
2. A letter from a religious leader or authority of the faith community to which you are a member supporting the religion's objection to the COVID-19 vaccine (optional).

PART C: ACKNOWLEDGEMENT (Required for both medical and religious exemption requests)

Please sign and date the form after reading the acknowledgement. Late submissions and/or incomplete submissions may affect approval process.

ACKNOWLEDGEMENT:

By completing or providing this form, I am requesting a religious or medical accommodation of the requirement to receive a COVID-19 vaccine vaccine. I acknowledge that Gallaudet will consider whether a reasonable accommodation can be made and what that accommodation will be, in accordance with applicable law.

I further acknowledge that if I am not granted an exemption, I will be expected to obtain the appropriate vaccine as a condition of coming to campus.

I certify that the information that I have provided is accurate and any misrepresentation may result in disciplinary action up to and including termination (or expulsion, as applicable). Finally, I acknowledge that I have read and understand the Gallaudet University policy on disability and religious accommodations and the COVID-19 vaccine, and understand that the exemption requested above may not be granted, or an alternative accommodation may be provided, as consistent with applicable law.

(Last Name, First Name) Title:

Signature:_Date: