

**REQUEST FOR MEDICAL EXEMPTION / ACCOMMODATION
RELATED TO COVID-19 VACCINATION**

Paine College is committed to providing equal employment and educational opportunities without regard to any protected status and a work and educational environment that are free of unlawful harassment, discrimination, and retaliation. As such, Paine College is committed to complying with all laws protecting individuals with disabilities or medical conditions. When requested, Paine College will provide an exemption/reasonable accommodation for any known medical condition or disability of a qualified individual which prevents the student or employee from receiving a COVID-19 vaccine, **provided the requested accommodation is reasonable and does not create an undue hardship for the College or pose a direct threat to the health and/or safety of others in the workplace, educational environment, residence halls, and/or to the requesting student or employee.**

To request an Exemption/Accommodation related to the College’s COVID-19 vaccination requirement, please complete Part 1 of this form, have your healthcare provider complete Part 2 (the certification portion), and return them to Human Resources (if an employee) or Disability Services (if a student). This information will be used by Human Resources, Disability Services, or other appropriate personnel to engage in an interactive process to determine eligibility for such exemption/accommodation, and if applicable, to determine the reasonable accommodations which can be provided to enable the student to have an equal opportunity to participate in the education program/activity, or the employee to perform the essential functions of his/her position with position without posing a threat of harm to self or others. If a student or employee refuses to provide such information, such a refusal may impact the College’s ability to adequately understand the individual’s request, or to effectively engage in the interactive process to identify possible accommodations.

Medical exemptions/accommodations for the COVID-19 vaccine will be considered if the student or employee provides a written certification by a licensed, treating medical provider (i.e. a physician (MD), nurse practitioner (NP), or physician’s assistant (PA)).

PART 1 – TO BE COMPLETED BY THE STUDENT OR EMPLOYEE:

Name: _____ ID No.: _____

_____ Initials	<p>Verification of Accuracy: I verify that the information I am submitting in support of my request for an accommodation is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I also understand that my request for an accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace, College environment, housing facilities and/or to me, or if it creates an undue hardship on the College.</p>
_____ Initials	<p>Medical Release: I hereby authorize my medical provider to release my medical information to Paine College for the purpose of engaging in the interactive process to determine the availability of reasonable accommodations in response to my vaccine exemption request. I understand that I may revoke this authorization in writing at any time, except to the extent that Paine College has taken action in reliance of this authorization, and I revoke this authorization, such revocation will not have any effect on disclosures made prior to such revocation. I had the opportunity to read and consider the contents of this authorization. I confirm that the contents are consistent with my direction. A photocopy of this form shall have the same legal validity as the original.</p>

Signature: _____ Date of Request and Release: _____

PART 2 – TO BE COMPLETED BY THE STUDENT OR EMPLOYEE’S MEDICAL PROVIDER

College Name: Paine College

Student or Employee Name: _____

ATTN: Medical Provider:

Paine College requires all students and employees to receive the COVID-19 vaccine prior to arrival on the College campus for the academic year. The above-named individual is requesting an exemption from this vaccination requirement. A medical exemption from the COVID-19 vaccination may be allowed for certain recognized contraindications.

Please complete the form below. Should you have any questions, please contact the Office of Student Affairs at (706) 821-8390 for students, or the Office of Human Resources at (706) 821-8244 for employees.

The above-named person should not be immunized for COVID-19 for the following reasons (Please check all that apply).

_____	History of previous allergic reaction to indicate an immediate hypersensitivity reaction to a component of the vaccine.
_____	The physical condition of the person or medical circumstances relating to the person are such that immunization is not considered safe. Please indicate the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization with the COVID-19 vaccine.
_____	Other – Please provide this information in a separate narrative that describes the exemption in detail.

I, the undersigned, do hereby certify that _____ (Print Name of Student or Employee) has the above contraindication, and I request a medical exemption from the COVID-19 vaccination.

Medical Provider Signature: _____ Date: _____

Print Name: _____

Office Address: _____

Phone Number: _____

NOTE:
Please return this form to Paine College Human Resources Department (if an employee) or Disability Services- Counseling Center (if a student)