



REQUEST FOR MEDICAL EXEMPTION FROM COVID-19 VACCINE

Instructions: *If you are requesting an exemption from the COVID-19 vaccination, please complete Section 1 and give the form to your doctor to complete the rest. Your doctor should return the completed form to the appropriate location listed at the bottom of the form.*

Section 1

Name (print): _____ Date: _____

Department or Division (employees only): _____

Class (students only): _____ Work/Cell Phone: _____

I am requesting a medical exemption from Roanoke College's COVID-19 vaccination requirement. I verify that the information I am submitting to substantiate my request for exemption is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including termination/dismissal.

I further understand that the College is not required to provide this exemption if doing so would pose a direct threat to the health or safety of individuals at the College or create an undue hardship for the College.

I understand that, if an exemption from the vaccine requirement is approved, the College will engage with me to determine what measures can be taken to provide a reasonable accommodation that would eliminate or reduce the risk that I may pose a direct threat to health or safety at the College, and that such measures may include, but not be limited to, continued required COVID-19 testing, masking, and social distancing.

Employee / Student Signature: _____ Date: _____

Section 2 - Medical Certification for Vaccination Exemption

Employee or Student Name: _____

Dear Medical Provider,

Roanoke College requires vaccination against COVID-19 as a condition of employment or, for students, return to our residential campus and participation in campus activities. The individual named above is seeking a medical exemption to this vaccine requirement policy.

Please complete this form to assist the College in assessing the request for an accommodation to the vaccine

requirement. **Note: In order to comply with the Genetic Information Nondiscrimination Act of 2008 (GINA), the College asks that you not provide any genetic information about this individual or a family member of the individual when responding to this request for medical certification.**

The person named above should not receive the COVID-19 vaccine due to (check all that are applicable):

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 below or in a separate narrative attachment the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization with the COVID-19 vaccine.

Other – Please provide information in a separate narrative that describes the exemption basis in detail, including the nature and probable duration of the exemption basis.

I certify the above information to be true and accurate, and request exemption from the COVID-19 vaccination for the above-named individual.

Medical Provider Name (print): _____

Medical Provide Signature: _____ Date: _____

Practice Name & Address:

Provider Phone: _____

Please mail or fax this entire form (with Sections 1 AND 2, and any separate narrative attachment) to the appropriate office at Roanoke College:

Student	Employee
Roanoke College Attn: Student Health 221 College Ln. Salem, VA 24153 Secure Fax: 540-375-2252	Roanoke College Attn: Human Resources/College Hall 221 College Ln. Salem, VA 24153 Secure Fax: 540-378-5165