



Request for **MEDICAL EXEMPTION/ACCOMMODATION** Related to COVID-19 Vaccination Requirements

As part of policies and protocols designed to mitigate the spread of the COVID-19 virus, Morehouse students are required to receive a vaccine approved by the Centers for Disease Control and Prevention prior to arriving on campus to live and learn for the fall 2021 semester. Upon request, Morehouse will consider exceptions and reasonable accommodations related to its COVID-19 vaccination policy based on known medical conditions or disabilities which prevent a student from receiving an approved vaccine, provided the requested accommodation is reasonable and does not create an undue hardship for the College and/or pose a direct threat to the health or safety of others and/or to the requesting student. This form can be used to request exceptions and accommodations.

Conditions for Consideration of a Request for a Medical Exemption or Reasonable Accommodation

Medical exemptions/accommodations for the COVID-19 vaccine will be considered if the student provides a written certification by a licensed, treating medical provider, such as a physician (MD or DO), nurse practitioner (NP), or physician's assistant (PA), affirming one of the following:

1. The applicable CDC contraindication for the COVID-19 vaccine, or
2. The applicable contraindication found in the manufacturer's package insert for the COVID-19 vaccine, or
3. A statement that the physical condition of the person or medical circumstances relating to the person are such that immunization is not considered safe, indicating the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization with the COVID-19 vaccine.

Using This Form to Request a Religious Exception or Reasonable Accommodation

This form can be used to request exceptions and accommodations.

- Students should complete PART 1 of this form, which affirms the accuracy of the information you are submitting and that you understand the parameters within which an exemption may or may not be granted.

- Students should request that their MEDICAL/HEALTHCARE provider complete PART 2 of this form, indicating the health reasons why the student should not be immunized (vaccinated).
- Morehouse College Student Health Services will complete PART 2 of this form.
- Forms should be submitted to the Morehouse Student Health Center (SHC) through the Medicat application in MyPortal.

Morehouse College is committed to providing equal opportunities without regard to any protected status and a learning environment that is free of unlawful harassment, discrimination, and retaliation. As such, the College is committed to complying with all laws protecting individuals with disabilities or medical conditions.

The information provided on this form will be used by the Student Health Center or other appropriate personnel to determine whether or not a student is eligible for a medical exemption and, if so, to determine the reasonable accommodations that can be provided to enable the student to perform essential functions without posing a threat of harm to themselves or others. If a student refuses to provide the information, the student's refusal may impact the College's ability to adequately understand the student's request or to effectively engage in the process to identify possible accommodations.

Part 1: To Be Completed by the Student

Name:	
Date of Request:	

VERIFICATION AND 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 campus and/ or to me, or if it creates an undue hardship on the College.

Student Signature:		Date:	
Print Name:			

Part 2: To Be Completed by the Student's Medical Provider

College Name:		Student Name:	
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Attention Medical Provider:

Morehouse College requires a COVID-19 vaccination as a condition of being on campus. The above-named student 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 SHC@morehouse.edu. Thank you.

The above 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 certify that _____ has the above contraindication and request a medical exemption from the COVID-19 vaccination.

Medical Provider Signature:		Date:	
Print Name:			
Address:			
Phone Number:			

Part 3: To Be Completed by the Student Health Center (SHC) Representative

Date Received by SHC:	
Interactive Discussion Date(s) if applicable:	

Exemption/Accommodation Grant?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

Describe Exemption/Accommodation:

If Exemption/Accommodation granted, list required alternative safety precautions required:

If Exemption/Accommodation not granted, explain why:

Representative Signature:		Date:	
Print Name:			