EVMS
Eastern Virginia Medical School

COVID 19 VACCINATION
MEDICAL EXEMPTION REQUEST FORM

NAME_____DATE OF BIRTH_____/_____/_____

JOB TITLE: _____

DEPARTMENT:_____MANAGER: _____

I request an exemption to the Eastern Virginia Medical School COVID Vaccination requirement based on a MEDICAL CONTRAINDICATION TO THE COVID VACCINE.

I have attached the required supporting documentation to this request. I understand that my failure to submit acceptable medical documentation for a medical exemption before the end of the Designated Vaccination Period may result in my request for an exemption being denied. Note that Occupational Health uses for its criteria for medical exemption only the contraindications listed in the FDA approved package inserts for the appropriate vaccines.

I am requesting an exemption in good faith, and the information I am providing or causing others to provide on my behalf is true and correct. I understand that providing false or misleading information may be grounds for discipline up to and including discharge.

I understand and consent to the following:

- My medical exemption request will be reviewed by Occupational Health.
- My Department Head and/or Supervisor may be consulted as part of the exemption review process.
- My Department Head and/or Supervisor will be notified if I am granted an exemption.
- My exemption may not be granted if it would pose a direct threat to others (i.e., patients, co-workers, or visitors) or if it would otherwise create an undue hardship on Eastern Virginia Medical School.

Signature: _____ Date: _____

RETURN COMPLETED FORM(S) AND DOCUMENTATION TO: EVMS Occupational Health, Waitzer Hall, 735 Fairfax Avenue (Suite #926), Norfolk, VA 23507

OR FAX TO: (757) 446-7188

DESIGNATED OFFICE USE ONLY:

Medical Documentation Received (Date):_____

Approving Staff Signature:_____Date: _____

Denial Staff Signature:_____Date: _____

Manager Notified (Date): _____