



COVID-19 VACCINATION EXEMPTION REQUEST FORM



Howard University policy requires that all faculty and staff receive a COVID-19 vaccination unless exempt for medical or religious reasons. To request an exemption, this form must be completed and submitted to the Office of Equal Employment Opportunity (EEO) at EEO@howard.edu. Information provided to the Office of EEO will be maintained confidentially and disclosed only to the extent required.

Name: _____

Position: _____

Department: _____ Location: _____

Phone: _____

Email: _____

Supervisor Name: _____

Phone: _____ Email: _____

Type of Exemption Requested:

Disability (Please attach a signed medical certification from your health care provider.)

A licensed physician, PA, or NP must complete this section and provide their information below. **Forms completed by the employee will not be accepted.**

Physician/Provider Instructions: Completing this form verifies that vaccination against COVID-19 has been considered and that the following medical contraindication precludes vaccination.



Please list and explain all contraindication(s) preventing the above-listed individual from receiving the COVID-19 vaccine:

Name of Health Care Provider: _____

Address: _____

Signature of Healthcare Provider: _____ Date: _____

Email: _____ Phone: _____

___ Religious

Please explain how your religious beliefs or practices prevent you from being able to receive the COVID-19 vaccine. Attach additional documentation as needed. Your explanation may include, but is not limited to:

- How taking the COVID-19 vaccine would violate your sincerely-held religious beliefs or practices; and/or
- Identification of the specific component(s) of the COVID-19 vaccine that conflict with your sincerely-held religious beliefs or practices.

Name of Spiritual Leader: _____

Address: _____

Signature of Spiritual Leader: _____ Date: _____

Email: _____ Phone: _____



CERTIFICATION AND ACKNOWLEDGMENT

I certify that the information I am submitting to substantiate my exemption request from Howard University's Mandatory COVID-19 Vaccine Policy is accurate to the best of my knowledge. I understand that any falsified or misrepresented information can lead to disciplinary action, up to and including termination.

I acknowledge that the University will consider whether an exemption and any additional reasonable accommodation can be made and what that accommodation will be, and that the University may not be able to grant an exemption if doing so would cause an undue hardship on the University or pose a direct threat to myself or others that cannot be reduced by accommodation. I further acknowledge that if I am not granted an exemption, I will be expected to become Fully Vaccinated as a condition of initial or continued employment.

Signature: _____ Date: _____

HR/EEO OFFICE USE ONLY

Date of request: _____

Disposition: ___ Approved ___/___/___ ___ Denied ___/___/___

Explanation:

HR/EEO Signature: _____

