

Swarthmore College COVID-19 Vaccine Medical Exemption Application

Swarthmore College is committed to building an inclusive, welcoming, and safe campus environment. In keeping with this commitment, it is requiring all employees to be fully vaccinated against COVID-19, unless they have an approved medical or religious exemption.

Medical exemptions may be requested when your established health care provider determines that the immunization may be detrimental to your health or is otherwise medically contraindicated.

In order to determine whether a medical exemption is permissible, individuals and their physician must complete, sign, and return this form to Human Resources by **Wednesday, Aug. 18. You can do so by returning the form to the Human Resources Office or sending a copy of it to humanresources@swarthmore.edu**. Applications will be reviewed and individuals will be notified about whether they are exempt from receiving a COVID-19 vaccination by Aug. 27. If approved, the exemption will be valid for one year, after which it must be renewed.

Please complete the following information:

Name _____

Address: _____

Department: _____ Title: _____

E-Mail: _____ Schedule: FT: ____ PT: ____

Office Phone: _____ Mobile Phone: _____

Name of Supervisor/ Manager: _____

Supervisor Email: _____ Supervisor Phone: _____

Please have your Healthcare Provider complete the following information below:

Diagnosis and explanation for contraindication:

Date of Diagnosis: _____

Health Care Provider (please print):

Name: _____

Address: _____

Phone: _____

Fax: _____

I certify that _____ has the above contraindication and request a medical exemption for the COVID-19 vaccination requirement of Swarthmore College.

Physician Signature: _____

Date: _____

Employee Signature: _____

Date: _____

For Swarthmore College Human Resources use only:

Date received: _____

Reviewed by: _____