

## **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. **You can do so sending a copy of it to [humanresources@swarthmore.edu](mailto:humanresources@swarthmore.edu).** Applications will be reviewed and individuals will be notified about whether they are exempt from receiving a COVID-19 vaccination. 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:

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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: \_\_\_\_\_