



REQUEST FOR MEDICAL EXEMPTION FROM COVID-19 VACCINATION

The University of Maryland Center for Environmental Science (UMCES) is committed to building an inclusive and welcoming campus environment.

If you have an allergy to the COVID-19 vaccine or a specific medical condition that precludes the COVID-19 vaccination requirement and you seek a medical exemption from the USM and UMCES's COVID-19 vaccination requirement, please consult with your physician and provide the following information.

Please print the following information:

Name: _____ **Date of Birth:** _____

E-mail: _____ **Phone No.:** _____

Supervisor (for employees): _____ **Lab/Unit:** _____

Supervisor Email: _____ **Supervisor Phone:** _____

Physician Name: _____ **Physician Phone No.:** _____

Physician Address: _____

Dear Physician:

The University of Maryland Center for Environmental Science, as mandated by the University System of Maryland, requires COVID-19 vaccinations for all students, faculty, and staff seeking access to campus property. A medical exemption from COVID-19 vaccination is allowed for certain recognized contraindications (<https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>).

Please complete the form below. Thank you.

The above person should not be immunized for COVID-19 for the following reasons. (Please check all that apply):

- Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine
- Immediate allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine (Vaccine ingredients: <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#Appendix-C>)

Which ingredient caused an allergic reaction? _____

What was the reaction? _____

Which brand of the COVID-19 vaccine is contraindicated and why? _____

How long will the medical contraindication last? _____

- Other Medical Reason – Please provide this information in a separate narrative that describes the other medical reason justifying an exemption in detail.

FOR THE PHYSICIAN

I certify that _____ has the above contraindication or specific medical condition and request a medical exemption from COVID-19 vaccination.

Physician Signature: _____ Date: _____
(Note: Signature Stamp Not Acceptable)

Physician Medical License No.: _____ NPI No.: _____

Verification and Accuracy

FOR THE REQUESTOR (Student/Faculty/Staff)

I verify that the above information I have provided 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 which may include termination/dismissal (employees) and suspension/dismissal (students). My request for an exemption from the COVID-19 vaccination requirement is based upon the medical reason described above. I understand that my request for an exemption may not be granted if it creates an undue hardship for the University.

Signature: _____ Date: _____

Print Name: _____

Signature of Parent or Guardian (if <18 years old) _____

Print Name: _____ Date: _____

Confidentiality of Information Provided

Requests for exemptions and any documents provided will be kept confidential and shared only with those university employees who have a need to know.

Email this form to Human Resources at hr@umces.edu

Summary of Next Steps

1. This request will be reviewed and acknowledged by Human Resources. HR may, at its sole discretion, request additional information.
2. After review, you will be notified of the decision regarding your requested medical exemption.
3. If you are granted a medical exemption, you will be required to undergo COVID-19 testing in addition to observing all COVID-19 health and safety protocols and will be informed of any additional accommodations.
4. UMCES will reconsider a denial only if you bring forth new information supporting your request. For reconsideration of a denial, please contact Human Resources.

If you feel this decision by Human Resources violates your civil rights, you may file a discrimination complaint with the U.S. Department of Education Office for Civil Rights (students) or U.S. Equal Employment Opportunity Commission (employees).