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**. 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:

_____

_____

_____

_____

_____

_____

_____

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: _____