



NORTH CAROLINA AGRICULTURAL AND TECHNICAL STATE UNIVERSITY

Request for Medical Exemption from COVID-19 Vaccine Requirement

Employee Section: Complete the following.

Name	
Banner ID	
Department	
Job Title	
Job Duties	
Work Location (building name/ address)	
Current Telework Schedule	
Email Address	
Best Telephone Number	

Request for Exemption:

- I understand that if I am granted a medical exemption, I will be required to undergo COVID-19 precautions as directed by the University, which may include testing on a regular schedule to be determined by the University, wearing a mask, or other protective equipment, and social distancing. In the event of a COVID-19 outbreak or cluster on campus, individuals with exemptions may be temporarily excluded from campus activities or reassigned until the outbreak is declared to be over. In requesting an exemption to the vaccination requirement, I agree to comply with these restrictions.

- I am requesting an exemption to the COVID-19 vaccination due to my documented medical condition. I understand that N.C. A&T, consistent with federal law, requires that I receive a COVID-19 vaccination as a condition of employment. If I am exposed to COVID-19, I may not be permitted to return to campus during the incubation period. I understand that I may be required to undergo COVID-19 precautions as directed by the University and may be reassigned from my work location(s) if I do not receive the COVID-19 vaccine.

After you and your provider complete this form, submit it to ADA@NCAT.EDU.

You are responsible for ensuring that your provider completes the below section of the form in full. Incomplete forms will

be returned to the employee for completion and will not be considered until sufficient information is provided by the clinician. For consideration for an exemption, you are responsible for submitting this form with complete clinician information by **November 5, 2021**.

It will then be reviewed by University administrators who will either approve, deny or request more information. This form will be kept confidential.

Clinician Section:

A licensed physician, PA, CNM, NP, or another appropriate healthcare professional must complete and sign this section. Forms completed by the employee will not be accepted.

Clinician Instructions: By completing this form, you certify that different methods of vaccinating against COVID-19 have been considered and that the following medical contraindication precludes any/all vaccinations for COVID-19.

Guidance for medical exemptions for COVID-19 vaccination can be obtained from the Advisory Committee on Immunization Practices (ACIP) available at:

<https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>.

If a pregnancy exemption is requested, this signed form from the provider is not necessarily an endorsement of exemption. The provider just needs to confirm pregnancy and provide EDC below.

The following are NOT considered contraindications to COVID-19 vaccination:

- Local injection site reactions after (days to weeks) previous COVID-19 vaccines (erythema, induration, pruritus, pain, etc.)
- Expected systemic vaccine side effects in the previous COVID-19 vaccines (fever, chills, fatigue, headache, lymphadenopathy, vomiting, diarrhea, myalgia, arthralgia)
- Previous COVID-19 infection
- Vasovagal reaction after receiving a dose of any vaccination
- Being an immunocompromised individual or receiving immunosuppressive medications
- Autoimmune conditions, including Guillain-Barre Syndrome
- Allergic reactions to anything not contained in the COVID-19 vaccines, including injectable therapies, food, pets, venom, environmental allergens, oral medication, latex, etc. **Please note the COVID vaccines do not contain egg or gelatin.**
- Immunosuppressed person in the healthcare worker's household
- Alpha-gal Syndrome
- A family member or household member who falls into a medically exempt category
- Breastfeeding, intention to become pregnant or undergoing infertility treatment

Please select medically indicated contraindication below:

- Severe allergic reaction (anaphylaxis) after a previous dose of or to a component of the COVID-19 Vaccine, including Polyethylene Glycol (PEG) (Please describe the response in detail below and contraindication to alternatives, such as the Johnson & Johnson vaccine, which does not contain PEG).
- Immediate allergic reaction to a previous dose or known (diagnosed) allergy to a component of the vaccine (Please describe the response in detail below and contraindication to alternative vaccines.)
- Other medical circumstances preventing vaccination with any available COVID-19 vaccine (Be specific and describe in detail below. Provide specific information related to each vaccine available in the U.S.). Please note that this will be reviewed by the medical exemption committee. Submission of a signed form does not guarantee an exemption will be granted.
- Pregnancy (Note: The [American College of Obstetricians and Gynecologists](#), the [Society for Maternal-Fetal Medicine](#) and the [American Society for Reproductive Medicine](#) all strongly support the COVID-19 vaccine during pregnancy. Pregnancy is not a medical contraindication. However, a time-limited deferment to the COVID-19 vaccine policy will be granted during pregnancy. During that time, COVID-19 precautions, as determined by the University, will be required of the employee. Employees will need to be fully vaccinated before they return to work.)

Employee's Response Description:

Signature of Clinician	
Printed Name	
Date	
Practice Name	
Practice Telephone Number	
Practice Email	