



Form For Medical or Disability Exemption Request

Request for Accommodation: Medical or Disability Exemption from Vaccination

To request an exemption from required vaccinations, please complete section 1 below and have your medical provider complete section 2 before returning this form to the human resources department if you are an employee, or to the Dean of Students or the Student nurse if you are a student.

Section 1

EMPLOYEE:

Name (print):	Date:
Manager/Supervisor:	Position:
Employee Dept/ ID No.:	Work/Cell Phone:
Mailing Address:	Email Address:

STUDENTS:

Name (print):	ID No.
Mailing Address:	Date:
Email Address:	

I am requesting a medical or disability exemption from the University of the Virgin Islands' mandatory vaccination policy for the COVID-19 vaccination. Please explain:

I verify that the information I am submitting to substantiate my request for exemption from the University of the Virgin Islands' mandatory vaccination policy is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including termination.

I further understand that the University of the Virgin Islands is not required to provide this exemption accommodation if doing so would pose a direct threat to myself or others in the workplace or would create an undue hardship for the University. I further understand that after receiving this completed Request, the University may request additional information, documentation or independent verification, if necessary.

Signature:	Date:
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Section 2

Medical Certification for Vaccination Exemption

Name: _____

Dear Medical Provider,

The University of the Virgin Islands requires vaccination against the coronavirus (COVID-19) as a condition of appearing physically at the University's campuses. The individual named above is seeking an exemption to this policy due to medical contraindications or a disability.

Please complete this form to assist the University of the Virgin Islands in the reasonable accommodation process.

The person named above should not receive the COVID-19 vaccine due to:

This exemption should be:

- Temporary, expiring on: __/__/____, or when _____
- Permanent, date permanent disability began: _____

I certify the above information to be true and accurate, and request exemption from the COVID-19 vaccination for the above-named individual.

Medical Provider Name (print):	
Medical Provide Signature:	Date:
Practice Name & Address:	Provider Phone:
Provider Email:	

HR/CAMPUS NURSE USE ONLY

Date of initial request: __/__/____

Date certification received: __/__/____

Accommodation request:

- Approved __/__/____

Describe specific accommodation details:

- Denied __/__/____

- Deadline for Employee or student to be vaccinated:

Describe why accommodation is denied:



Form For Religious Exemption Request

Religious Exemption Request Form

Part 1: To be completed by employee or student

Full Name: _____

Department: _____

Date of request: _____

Immediate supervisor: _____

Type of requested accommodation: _____

Length of time the accommodation is needed: _____

Describe the religious belief, practice, observance that necessitates this request for accommodation:

Describe any alternate accommodations that might address your needs:

I have read and understand the University's Mandatory vaccination policy, and its exemption for religious beliefs, practices or observances. My religious beliefs and practices, which result in this request for an accommodation, are sincerely held. I understand that the accommodation requested above may not be granted but that the University will attempt to provide a reasonable accommodation that does not create an undue hardship on the institution or does not pose a direct threat to safety and life. I understand that the University of the Virgin Islands may need to obtain supporting documentation regarding my religious belief, practice or observance to further evaluate my request for the accommodation.

Signature: _____ Date: _____

Part 2: To be completed by the employee's immediate supervisor or the Dean of Students (if applicant is a student)

Describe the requested accommodation:

Evaluation of impact (if any): _____

Approved: _____ Denied: _____

If the requested accommodation is denied, what are some alternative accommodations (list in order of preference):

1. _____

2. _____

3. _____

Date discussed with employee or student: _____

Final accommodation agreed upon: _____

If no agreement on an accommodation, provide an explanation:

Sign and Date as applicable:

Immediate supervisor: _____ Date: _____

Manager of immediate supervisor: _____ Date: _____

Human resources director: _____ Date: _____

Dean of Students: _____ Date: _____