

TEACHERS COLLEGE
COLUMBIA UNIVERSITY

Request for Exemption from COVID-19 Vaccine and/or Booster if Pregnant or Breastfeeding Form for Faculty, Staff and Housing Affiliates

Instructions:

1. Please use this form **only** if you wish to request an exemption from taking the COVID-19 vaccine and/or booster because of your pregnancy status, or because you are currently breastfeeding. If you have an approved exemption from COVID-19 vaccine, you do not have to submit a request for exemption from COVID booster.
2. If you wish to request an exemption for a *pregnancy-related medical condition or disability*, **do not complete this form**. Instead, please complete the *Request for Medical Exemption from COVID-19 Vaccine* [form](#).
3. If you wish to request a pregnancy-related accommodation *unrelated* to the COVID-19 vaccination (e.g. modified office furniture; flexibility in work assignments), please see the *Pregnancy and Parenting at Teachers College* [policy](#) for details on how to make such a request.

Name: _____

UNI: _____ Department: _____

Teachers College Email: _____ Phone: _____

Teachers College policy requires that all faculty, staff and housing affiliates receive a COVID-19 vaccination and booster(s). **An exemption based on pregnancy status or breastfeeding may be granted upon receipt of a completed form (below) signed and certified by a licensed health care provider, not related to the submitter, and whose specialty is appropriate to the associated condition (e.g. obstetrician).**

Such an exemption expires when the condition(s) contraindicating COVID-19 vaccination and/or booster(s) changes in a manner which permits vaccination or upon moving out of College-owned housing, as determined by Teachers College in reviewing the request. The assigned expiration is at the sole determination of Teachers College.

Individuals with an approved exemption may be required to comply with additional testing and other preventive requirements as specified in the exemption approval and as may be updated by later notification and/or posting of requirements on the TC website. In the event of an outbreak on or near campus, individuals with exemptions may be excluded from all campus facilities and activities, in order to protect all unvaccinated members of the community, until the outbreak is declared to be over.

While TC will carefully review all requests for exemptions, approval is not guaranteed. TC will

carefully review each request and determine if the request should be granted. After your request has been reviewed and processed, you will be notified, in writing, if an exemption has been granted or denied. If the approved exemption contains an expiration, you will be expected to complete the requirement at that time. Should the condition continue, or a new vaccination contraindication occur, a new request with updated documentation is required. Decisions are final and not subject to appeal. Individuals whose requests have been denied are permitted to reapply if new documentation and information should become available.

Pregnancy/Breastfeeding exemption process:

- Read the [CDC COVID-19 Vaccine Information](#);
- Read the CDC guidance on [COVID-19 Vaccines While Pregnant or Breastfeeding](#);
- Complete and sign the following page of this form;
- Have your Licensed Health Care Provider complete the provider section of this form;
- Submit the completed documents.

Incomplete submissions will not be reviewed. Be sure all forms and documentation are submitted at one time.

Please initial next to each of the statements below:

	I request exemption from the COVID-19 vaccination and/or booster(s) requirements because: of my current pregnancy status OR I am currently breastfeeding (circle one). I understand and assume the risks of non-vaccination. I accept full responsibility for my health, thus removing liability from Teachers College to the required vaccination.
	I understand that as I am not vaccinated and/or have not received a booster, in order to protect my own health and the health of the community, I will comply with assigned COVID-19 testing requirements and other preventive guidance.
	I understand that in the event of an outbreak or threatened outbreak, I may be temporarily excluded or reassigned from College facilities and approved activities (including but not limited to College-owned housing). I agree to comply with these restrictions and accept responsibility for communicating with supervisors, Human Resources, and/or Office of Residential Services (housing affiliates) as appropriate to allow compliance with health and safety requirements for unvaccinated individuals.
	Should I contract COVID-19, I will <u>immediately</u> report it to TC Human Resources and comply with all isolation and quarantine procedures specified by the College and remove myself from the College community if so advised.
	I acknowledge that I have read the CDC COVID-19 Vaccine Information and the CDC guidance on COVID-19 Vaccines While Pregnant or Breastfeeding .
	I understand that this exemption will expire when the condition contraindicating vaccination and/or booster(s) changes in a manner which permits vaccination, as determined by the College in reviewing the request.
	I understand and agree to comply with and abide by all Teacher College COVID-19 policies and procedures.
	I understand that this exemption is only valid while the College COVID-19 vaccination policy stands and I may need to submit a new request for any subsequent changes, new medical contraindications, or on expiration of an approved exemption. I further understand that the

	approval is provisional based on the current vaccination policy and is subject to change based on College requirements moving forward.
	I authorize my licensed health care provider to provide Teachers College with medical information about my exemption for the COVID-19 vaccination.
	I certify that the information I have provided in connection with this request is accurate and complete as of the date of this submission. I understand this exemption may be revoked and I may be subject to College disciplinary action if any of the information I provided in support of this exemption is false.

Printed Name: _____

Signature: _____

Date: _____

UNI: _____ Teachers College Email: _____

Phone Number: _____

By checking this box and typing my name above, I understand and agree that I am submitting this document electronically and that it is the legal equivalent of having placed my handwritten signature on the submitted document.

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Attention Licensed Health Care Provider:

Teachers College policy requires that all faculty, staff and housing affiliates returning to campus receive a COVID-19 vaccination and booster(s). _____ (insert patient's name) is requesting an exemption from this vaccination requirement because they are currently pregnant or because they are currently breastfeeding. **Please certify below that your patient is currently pregnant or breastfeeding.**

Certification:

I certify that _____ (patient's name) is currently pregnant or currently breastfeeding.

Provider Information

Medical Provider Name: _____

Medical Provider Specialty: _____

Signature: _____

Provider License Number: _____

Date: _____

Name of Provider Company: _____

Address: _____

Email: _____

Phone Number: _____

Patient Information

Patient Name: _____

Date: _____

UNI: _____ TC Email: _____

Phone Number: _____