

TEACHERS COLLEGE

COLUMBIA UNIVERSITY

Request for Medical Exemption from COVID-19 Vaccine Form for Employees and TC Housing Affiliates

Name: _____

UNI: _____ Department: _____

Teachers College Email: _____ Phone: _____

Teachers College (TC) policy requires that all faculty, staff and housing affiliates - receive a COVID-19 vaccination. **A medical exemption may be granted upon receipt of a completed form (below) not more than 6 months old, signed and certified by a licensed health care provider, not related to the submitter, and whose specialty is appropriate to the associated condition.**

Medical exemptions expire when the medical condition(s) contraindicating COVID-19 vaccination 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 medical 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.

Important Note: Faculty, staff and housing affiliates medical exemptions will be reviewed by the Office of Access and Services for Individuals with Disabilities (OASID). Requesting an exemption does not equate to registration as an individual with a disability. If you require disability-related accommodations outside of this exemption, you must go through the [OASID registration process](#). Please contact oasid@tc.edu for more information.

Medical exemption process:

- Read the [CDC COVID-19 Vaccine Information](#);
- 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 requirements due to my current medical condition . 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, 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 .
	I understand that this exemption will expire when the medical condition(s) contraindicating vaccination 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 medical 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.

Date

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Attention Health Care Provider:

Teachers College policy requires that all faculty, staff and housing affiliates receive a COVID-19 vaccination. _____ (insert patient's name) is requesting a medical exemption from this vaccination requirement. A medical exemption may be allowed for certain recognized contraindications.

Please certify below the medical reason that your patient should not be vaccinated for COVID-19 by completing this form and attaching available supporting documentation. Information provided on this form will be reviewed in consideration of the exemption request.

Option 1 - Allergy

A documented history of a severe allergic reaction to any component of a COVID-19 vaccine or to a substance that is cross-reactive with a component. Please indicate which of the following vaccines are contraindicated and name the components, by vaccine NOTE: since egg free vaccine is available, history of egg allergy will not be accepted as a routine medical exemption.

- Moderna - List the component(s): _____
- Pfizer - List the component(s): _____
- Janssen/Johnson&Johnson - List the component(s): _____

A documented history of a severe allergic reaction after a previous dose of the COVID-19 vaccine Please indicate to which vaccine the patient had a reaction and the date of the vaccine & reaction

- Moderna - Date of Vaccine & Reaction: _____
- Pfizer - Date of Vaccine & Reaction: _____

Option 2 – Physical Condition/Medical Circumstance

The physical condition of the patient or medical circumstances relating to the individual are such that vaccination is not considered safe. Please state, with sufficient detail for independent medical review, the specific nature and probable duration of the medical condition or circumstances that contraindicate vaccination with the COVID-19 vaccine.

Explanation:

Option 3 - Other

Other. Please provide this information in a separate narrative that describes, in detail, the medical condition or disability in detail that you opine would exempt this individual from vaccination:

Explanation:

Certification

I certify that _____ (patient name) has the above contraindication and support the request for a medical exemption from the COVID-19 vaccine requirement at Teachers College.

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: _____

Once you have completed this document, it must be uploaded into the secure TC COVID-19 Vaccination Exemption Request Form located at tc.edu/exemptionforms. The form may be accessed when you are logged into your TC account, either from your smartphone or personal computer.