Bard College Covid-19 Vaccine Employee Exemption Request Form

Phone: 845-758-7428

Fax: 845-758-7826

	Section 1	to!	be comi	pleted b	v emp	lovee
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Medical Exemption	n: See the	CDC	guidance regarding of	contraindications for	COVID-19 vaccines.
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Medical Exemption: See the CL	OC guidance regarding contrain	ndications fo	or COVID-19 vacci	nes.			
Last Name	First Name	Middle Initial	Student Email	Date of Birth	ID#		
Signature:		Date:					
Employee							
	_						
Section II: Medical Exempti	•	•					
Medical Provider Certification	•		ient (named above)	should not be vac	cinated against		
COVID-19 because they have or	ne of the following contraindic	cations:					
cardiovascular changes	Documented anaphylactic allergic reaction or other severe adverse reaction to any COVID-19 vaccine – e.g., cardiovascular changes, respiratory distress, or history of treatment with epinephrine or other emergency medical attention to control symptoms. Generally does not include gastro-intestinal symptoms as the sole presentation of allergy. Describe the specific reaction:						
Documented allergy to a component of the vaccine – does not include sore arm, local reaction or subsequent respiratory tract infection. Describe the specific reaction:				quent			
Other documented contraindication. Please Explain: <i>Information to be reviewed by infectious disease consultant for approval.</i>							
Signature of Healthcare Provide	der:						
Name (print):			Address/Clinic S	Stamp:			
Signature:		Phone:					

All exemption requests must be submitted by August 1, 2021 to Kimberly Alexander, Director of Human Resources at kalexand@bard.edu Questions: please contact Bard Human Resources at HR@bard.edu or 845-758-7428.

Employee

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Section III: Religious Beliefs Exemption Request (to be completed by employee)

Requests for exemption based on religious beliefs: if the bona fide religious beliefs of an employee are contrary to the immunization requirement for a COVID-19 vaccine, the employee will be exempt of the requirement and provided reasonable accommodations. Please provide a written description below of the bona fide religious beliefs for review by the College

Employee statement:	
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Signature:	Date: