

Bard College Covid-19 Vaccine Employee Exemption Request Form

Section I: to be completed by employee

Medical Exemption: See the [CDC guidance](#) regarding contraindications for COVID-19 vaccines.

Last Name	First Name	Middle Initial	Student Email	Date of Birth	ID #

Signature: _____ Date: _____
Employee

Section II: Medical Exemption Request (to be completed by medical provider)

Medical Provider Certification of Contraindication: I certify that my patient (named above) should not be vaccinated against COVID-19 because they have one of the following contraindications:

- 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:**

- Other documented contraindication. Please Explain: *Information to be reviewed by infectious disease consultant for approval.*

Signature of Healthcare Provider:

Name (print):

Address/Clinic 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.

