BROWN

REQUEST FOR MEDICAL EXEMPTION FOR COVID-19 VACCINATION

Brown provides equal employment opportunities without regard to any protected status and a work environment that is free of unlawful harassment, discrimination, and retaliation. Brown will provide an exemption/reasonable accommodation for employees' medical condition or disability which prohibit the employee from receiving a COVID-19 vaccine, provided the accommodation is reasonable and does not create an undue hardship for Brown or pose a direct threat to the health and/or safety of others in the workplace and or to the requesting employee.

All information must be provided and all questions must be answered in order for your Request to be considered. Information provided will be kept confidential to the extent allowed by law. The Employee must complete Part 1; the Medical Provider (a licensed physician, physician's assistant or nurse practitioner) must complete Part 2.

Should your Request be approved and should the prevalence of COVID-19 within the Brown and local community rise to a concerning level, Brown may modify any reasonable accommodation granted to limit the spread and transmission.

Part 1: To be completed by the employee

Please complete the following information and then submit the form to your medical provider:

Name: _____

Job title: _____

Email address: _____

Employee ID: _____

Supervisor: _____

If the Request is granted, do you understand that you may be asked to wear a face covering or mask while at work or be reassigned to another position or job location, or be required to comply with additional public health mitigation measures, including but not limited to regular COVID-19 testing?

☐ yes ☐ no

I assume the risks associated with refusing to receive a COVID-19 vaccine. I verify that the information that I am submitting in support of my request for an exemption and an accommodation is complete and accurate, and I understand that any intentional misrepresentation in this request may result in disciplinary action.

This information will be reviewed by University Human Resources or other appropriate personnel to engage in an interactive process to determine eligibility for an exemption and to identify possible reasonable accommodations.

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Part 2: To be completed by the Employee's Medical Provider (a licensed physician, physician's assistant or nurse practitioner)

Provider Name: _____

Provider Practice Name: _____

Employee Name: _____

Brown University requires a COVID-19 vaccination as a condition of employment for Fiscal Year 2022. The above-named Employee 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 the Employee should not be immunized for COVID-19:

☐ History of a severe allergic reaction to any component of the vaccine or to a substance that is cross-reactive with a component ☐ Pfizer ☐ J&J ☐ Moderna **NOTE:** since egg free vaccine is available, history of egg allergy will not be accepted as a routine medical exemption.

List the component(s):

☐ History of a severe allergic reaction after a previous dose of the COVID-19 vaccine:
☐ Pfizer ☐ J&J ☐ Moderna

☐ The physical condition of the Employee or medical circumstances relating to the individual are such that immunization is not considered safe. Please state the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization with the COVID-19 vaccine:

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

I certify that _____ has the above contraindication and support a medical exemption from the COVID-19 vaccine.

Medical Provider Signature: _____

Date: _____

Name of Provider Company: _____

Address: _____

Email: _____

Phone number: _____

Note to medical provider: This form must be submitted, by your office, to University Human Resources at Brown. The completed form may be emailed to Leave_admin@health.brown.edu or faxed to 401-863-2830.