



**FAIRLEIGH
DICKINSON
UNIVERSITY**

COVID-19 Immunization Exemption Request Form

Name(last, first): _____ FDUID# _____

1. RELIGIOUS EXEMPTION REQUIREMENTS:
2. A written statement is required explaining the conflict with a sincerely held religious belief, practice or observance. **MEDICAL EXEMPTION REQUIREMENTS:** For a disability or because your doctor has advised you not to get the vaccine while pregnant or breastfeeding.
 - A statement from a doctor confirming the need for the medical exemption including the time period for which the exemption is needed.
 - Medical exemptions are to be reviewed annually and employees who no longer have a valid or documented medical reason for the exemption will be required to obtain updated documentation.
3. PLEASE NOTE: In the event of a contagious outbreak, any employee who has been exempted from immunizations may be directed to leave campus until the outbreak is declared over.
4. PLEASE NOTE: Exemption requests will be evaluated on a case by case basis and are not automatic. **Employees required to conduct FDU courses that involve a clinical rotation site within a medical setting may be subject to additional requirements.**

I am requesting an exemption from the immunization requirements:

_____ **MEDICAL REASON:** Reason and time period must be documented below by your health care provider:

Please explain below (or in a separate page):

Health Care Provider Signature: _____ Date: _____

_____ **RELIGIOUS REASON:** Receipt of vaccination and immunization would conflict with my sincere religious belief, practice, or observance. Please explain below (or in a separate page):

Signature: _____ Date: _____