



**COVID-19 Vaccination Employee Exemption Form 2021-22  
MEDICAL EXEMPTION**

Augsburg University requires COVID-19 vaccination for all students and employees for the 2021-22 academic year. Augsburg recognizes, however, that some may not receive a COVID-19 vaccination for medical reasons. Employees who seek an exemption from Augsburg’s vaccination requirement for medical reasons should use this form, which requires certification by a healthcare provider. This form is for the 2021-22 academic year. Augsburg reserves the right to request new forms and additional information.

To request a medical exemption from the COVID-19 vaccine requirement please complete Section 1 and then have your healthcare provider complete Section 2 before returning this form to Human Resources. The completed form may be printed and dropped off in Human Resources in Memorial Hall 19, faxed to 612-330-1443, or uploaded electronically at <http://go.augsburg.edu/covidcompliance>

**SECTION 1: To be completed by employee:**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Employee Acknowledgement and Release**

I understand and acknowledge by applying for a medical exemption from the COVID-19 vaccination requirement, I will not have the protections afforded by the vaccine. Therefore, I understand that in the event of an outbreak, potential epidemic or epidemic of a vaccine-preventable disease, the University may suspend me from the University, restrict my University activities or require other precautions, for my own protection or the protection of others, until the threat has passed. This may include mandatory masking, quarantine, testing, and other requirements for the safety of the Augsburg community.

I knowingly and voluntarily agree to assume the risks associated with being an employee at the University without the vaccine intended to prevent COVID-19.

I understand all the above and the information I am submitting is true and accurate to the best of my knowledge. I understand that any falsified or misleading information can lead to disciplinary action, up to and including termination.

I authorize the release of the following information to Augsburg University Human Resources or any other person who is authorized by Augsburg University to receive medical information that is specifically related and necessary to determine the medical exemption/reasonable accommodation in the workplace for COVID-19. I further authorize Human Resources or others as authorized by Augsburg University to contact my physician or health care provider, if necessary, to seek clarification of this documentation.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SECTION 2: MEDICAL EXEMPTION REQUEST** *must be completed and signed by a healthcare provider who is a licensed physician (MD or DO), physician assistant, or nurse practitioner.*

The above-named employee is requesting an exemption from the policy due to medical reasons. Please complete the form below. For questions, please contact Augsburg University Human Resources at 612-330-1058 or by e-mail at [hr@augsborg.edu](mailto:hr@augsborg.edu).

**HEALTHCARE PROVIDER CERTIFICATION OF EXEMPTION DUE TO A MEDICAL CONDITION**

I certify that my patient (the employee named above) should not receive the COVID-19 vaccine 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.
- 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:

Signature of Healthcare Provider: \_\_\_\_\_

Name (print): \_\_\_\_\_

Address/Phone or Clinic Stamp: \_\_\_\_\_