

**Employee Request for Medical Exemption
from COVID-19 Vaccination Form**

Name: _____

UANET: _____ Email: _____ Phone: _____

SUBMIT COMPLETED FORM AND DOCUMENTS TO: benefits@uakron.edu

In order to submit a request, please:

1. Click on the [CDC COVID-19 Vaccine Information](#)

2. Complete this form;

3. Attach the required documentation; and

4.

Note: Incomplete submissions will not be reviewed. Be sure all forms and documentation are submitted at one time.

Initial next to each of the statements below:

	I request exemption from the COVID-19 vaccination requirements due to my current medical condition. I understand and assume the risks of non-vaccination.
	Because I am not vaccinated and in order to protect my own health and the health of the community, I will comply with additional COVID-19 testing requirements and other preventive guidance.
	I understand that in the event of an outbreak or threatened outbreak, I may be temporarily excluded from The University of Akron's facilities and activities (including but not limited to University owned housing). I agree to comply with these restrictions and accept responsibility for communicating with faculty and advisors as appropriate to allow compliance with health and safety requirements for unvaccinated individuals.



	I authorize my licensed health care provider to provide The University of Akron with medical information about my medical exemption for the COVID-19 vaccination.
	I certify that the information I have provided on and in connection with this request is accurate and complete as of the date of this submission. I understand this exemption may be revoked and I may be subject to disciplinary action if any false information has been used to request an exemption.