



COVID-19 VACCINATION MEDICAL EXCEPTION REQUEST

Emp ID: _____

Name (Last, First): _____

Title/Position: _____

Contact Phone Number: _____

Contact Email: _____

Department: _____

Supervisor: _____

To request an accommodation related to USM's COVID-19 vaccination directive, please complete this form and attach it to your request for a medical exception through the self-service portal in SoarHR. You will also need to ask your healthcare provider to complete the "Medical Inquiry Form in Response to a Reasonable Accommodation Request" to be completed and attached to your submission as well. This information will be used by the Office of AA/EEO or other appropriate personnel to engage in an interactive process to determine eligibility and to identify possible accommodations. If an employee refuses to provide the requested information, the employee's refusal may impact USM's ability to adequately understand the employee's request or effectively engage in the interactive process to identify possible accommodations.

Based on a disability or medical condition, I am requesting a medical accommodation in connection with the federal COVID-19 vaccine requirement.

Please identify your disability or medical condition.

Please briefly explain how your disability or medical condition conflicts with the federal COVID-19 vaccine requirement.



Does your position currently require you to have in-person interactions with other employees, students or visitors?

Would you be able to perform the essential functions of your job without in person interactions with other employees, students, or visitors?

Please have your healthcare provider submit the completed and signed “Medical Inquiry Form in Response to a Reasonable Accommodation Request” as instructed on the form.

Verification and Accuracy

I certify that the above information is true and correct, and that I am applying to obtain a medical exception from the federal COVID-19 vaccination requirement. I understand that if this request is granted, I must abide by any reasonable accommodations provided by the University. I also understand that my request for an accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace and/or to me, does not permit me to perform the essential functions of my job, or if it creates an undue hardship on USM.

Employee Signature: _____

Date: _____

Confidentiality

Materials related to an employee’s medical accommodation request, including the written request for accommodation and any other documentation/information, will be kept confidential, will be maintained separately from your personnel file, and access will be limited to only those with a need-to-know. For additional information, please contact Human Resources.



Medical Inquiry Form in Response to a Reasonable Accommodation Request

Employee Name: _____

Employee ID #: _____

In compliance with the President's Executive Order and IHL Board Directive, The University of Southern Mississippi requires that all employees be vaccinated against COVID-19 unless they obtain an exception. The above-named person is requesting a medical exception from this requirement. A medical exception is allowed for recognized contraindications listed below. By completing this form, you certify that different methods of vaccinating against COVID-19 have been considered, and that the following medical contraindication precludes all vaccinations for COVID-19.

Please select contraindication below:

Severe allergic reaction (anaphylaxis) or immediate allergic reaction after a previous dose of or to a component of the COVID-19 vaccine, including polyethylene glycol (PEG). *Please describe response in detail below and contraindication to alternatives, such as the J&J vaccine, which does not contain PEG.*

Other medical circumstance preventing vaccination with any available COVID-19 vaccine. *Describe specifically below.*

Physician's printed name: _____ Phone #: _____

Physician's signature: _____

Date: ____/____/____

Please return the completed form to the patient.