



REQUEST FOR A MEDICAL EXEMPTION TO THE COVID-19 VACCINATION REQUIREMENT

In order to comply with Executive Order on Ensuring Adequate COVID Safety Protocols for Federal Contractors and the Safer Federal Workforce Task Force’s “COVID-19 Workplace Safety: Guidance for Federal Contractors and Subcontractor,” all University employees (including faculty, staff, graduate and undergraduate student employees) must be fully vaccinated by December 8, 2021, unless legally entitled to an exemption. This form allows employees to request a medical exemption to the COVID-19 vaccination requirement, or a delay because of a temporary condition or medical circumstance. Requests for a “medical accommodation” or “medical exceptions” will be treated as requests for a medical exemption, and those requests will be evaluated and decided under applicable legal standards for reasonable accommodation requests absent undue hardship to the University. To ensure adequate time for review, forms must be submitted by November 17, 2021.

Medical Exemption Request Process:

The medical/disability exemption request process is an interactive process with the following steps:

- 1- An employee makes a medical request with accompanying medical documentation;
- 2- EORC facilitates an interactive process, that includes both a review by the designated panel in order to evaluate whether the employee’s request meets the requirements to be exempt from the vaccine requirement, and discussions with supervisors, as needed, to determine an appropriate accommodation in lieu of vaccination;
- 3- EORC will reach out to the employee if additional information is needed from the employee or their medical provider;
- 4- A decision is reached and communicated to the employee. Accommodations may include remote work, masking and/or testing requirements, or other case-specific health and safety protocols that sufficiently mitigate the risk of COVID-19. An employee is entitled to an effective accommodation as determined by the University, and not an accommodation of the employee’s choice. Masking is the most likely accommodation.

Documentation:

In keeping with our processes for accommodation requests, the University of Mississippi will maintain any medical documentation in a confidential manner separate from an employee’s personnel file, in accordance with relevant legal standards. Notice of the decision on the medical exemption request will be submitted to Human Resources in accordance with University of Mississippi’s process for verifying compliance with the vaccination requirement.

Next Steps:

Please follow the below steps to request a medical exception or delay from the COVID-19 vaccination requirement using this form:

1. Employee should complete Part 1 of this form.
2. Employee's medical provider must complete Part 2 of this form. If you are requesting a delay based on receiving monoclonal antibodies within the last 90 days, you do NOT need to submit part 2. All other requests for delay or exemption based on other reasons must include Part 2, the medical provider form, in order to be considered for delay or exemption.
3. Please save the forms as one document with your name in the document title and submit it to the EORC office via Box File upload ([Box File Upload for Medical Exemption Form](#)) or in person (120 Lester Hall).

Questions:

Questions about this form or the medical exemption process may be directed to EORC at 662-915-7735.

MEDICAL EXEMPTION FORM PART ONE:
(TO BE COMPLETED BY EMPLOYEE)

Employee's name: _____ University ID Number: _____

Email: _____ Phone number: _____

Position: _____

University Department: _____ Supervisor: _____

I am requesting a medical exception to the requirement for COVID-19 vaccination or a delay because of a temporary condition or medical circumstance. Please describe the nature of the limitation related to the medical concern/disability and why you are requesting this medical exemption to the COVID-19 vaccination requirement.

(If more room is needed, please attach additional pages.)

Have you had a monoclonal antibody treatment in the past 90 days? _____

If so, what date did you have the treatment? _____

Who was the ordering physician? _____

I declare that the information I have provided is true and correct to the best of my knowledge and ability. I understand that any intentional misrepresentation as part of this process may result in legal consequences, including termination.

Employee Name (printed)

Employee signature

Date request submitted

MEDICAL EXEMPTION FORM PART TWO
(TO BE COMPLETED BY MEDICAL PROVIDER)

In order to comply with Executive Order 14042 and the Safer Federal Workforce Task Force’s “COVID-19 Workplace Safety: Guidance for Federal Contractors and Subcontractor,” all University employees (including faculty, staff, graduate and undergraduate student employees) must be fully vaccinated by December 8, 2021, unless legally entitled to an exemption. This form is provided for an employee’s medical provider to submit information to enable the University to proceed with the interactive process and determine whether a medical exemption from the vaccine requirement is appropriate.

The individual named above is seeking a medical exemption to the requirement for COVID-19 vaccination, or a delay because of a temporary condition or medical circumstance. Please complete this form to assist the University of Mississippi in its exemption review process. If you have questions about completing this form, please contact the Equal Opportunity and Regulatory Compliance office at UM, by emailing EORC@olemiss.edu or calling (662) 915-7735.

Please provide at least the following information, where applicable:

1. The applicable contraindication or precaution for COVID-19 vaccination, and for each contraindication or precaution, indicate:
 - (a) whether it is recognized by the CDC pursuant to its guidance; and
 - (b) whether it is listed in the package insert or Emergency Use Authorization fact sheet for each of the COVID-19 vaccines authorized or approved for use in the United States;

2. A statement that the individual’s condition and medical circumstances relating to the individual are such that COVID-19 vaccination is not considered safe, indicating the specific nature of the medical condition or circumstances that contraindicate immunization with a COVID-19 vaccine or might increase the risk for a serious adverse reaction; and

3. Any other medical condition that would limit the employee from receiving any COVID-19 vaccine.

(Please attach additional pages if necessary)

The condition described in this form is expected to be: (please check one)

_____ Temporary _____ Long term

If this is a temporary condition or medical circumstance, please explain when it is expected to end or expire (allowing for COVID-19 vaccination to begin after the date you provided):

Medical Provider Name: _____

Title: _____

Contact Phone Number: _____

Contact Email: _____

Medical Provider Signature

Date