

Employee Exemption from COVID-19 Vaccination

To request an exemption from the St. Mary's College of Maryland COVID-19 vaccination requirement, please complete Section 1 and either Section 2 or Section 3. Section 2 requires the certification of a medical provider.

Return this form to the Office of Human Resources at humanresources@smcm.edu, through interoffice mail or in the drop box outside the Office of Human Resources, Glendening Hall.

Section 1

Employee Name (print):	Date:
Dept.:	Position:
Reason: <input type="checkbox"/> Medical – complete Section 2 <input type="checkbox"/> Religious- complete Section 3	Work/Cell Phone:

Section 2

Medical Exemption from COVID-19 Vaccination

I am requesting a medical exemption from the St. Mary's College of Maryland, "the College", requirement to be vaccinated against COVID-19.

I verify that the information I am submitting to substantiate my request for exemption from the College's requirement to be vaccinated against COVID-19 is true and accurate to the best of my knowledge.

Employee Signature:	Date:
---------------------	-------

Medical Certification for Vaccination Exemption

Employee Name: _____

Dear Medical Provider,

St. Mary's College of Maryland, "the College" requires vaccination against COVID-19 in order to protect and keep the community safe. The individual named above is seeking an exemption to this policy due to medical contraindications.

Please complete this form to assist the College in the process. I certify that the individual has a medical condition that is contra-indicated by the COVID-19 vaccination.

Medical Provider Name (print):	
Medical Provide Signature:	Date:
Practice Name & Address:	Provider Phone:

Section 3

Religious Certification for Vaccination Exemption

I am requesting a religious exemption from the St. Mary's College of Maryland requirement to be vaccinated against COVID-19.

I verify that the information I am submitting to substantiate my request for exemption from the College's requirement to be vaccinated against COVID-19 is true and accurate to the best of my knowledge.

Describe the religious belief or practice that necessitates this request for exemption:
<input type="checkbox"/> I certify that my religious beliefs and practices, which result in this request for a religious exemption, are sincerely held.

Employee Signature:	Date:

HR USE ONLY

Date of request: __/__/__ Date certification received: __/__/__ Approved _____