

## Employee Exemption from COVID-19 Booster Vaccination

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

Return this form to the Office of Human Resources at [humanresources@smcm.edu](mailto: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	Work/Cell Phone:

### Section 2

#### Medical Exemption from COVID-19 Booster Vaccination

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

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

#### Medical Certification for Vaccination Exemption

Employee Name: \_\_\_\_\_

Dear Medical Provider,

St. Mary's College of Maryland, "the College" requires booster 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 COVID-19 booster vaccination.

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

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Employee Signature:	Date:

**HR USE ONLY**

Date of request: \_\_/\_\_/\_\_ Date certification received: \_\_/\_\_/\_\_ Approved \_\_\_\_\_