



COVID-19 VACCINATION
MEDICAL EXEMPTION REQUEST FORM

J#: _____ Name: _____ Department: _____

Physician Attestation:

In compliance with the President’s Executive Order and IHL Board Directive, Jackson State University requires that all employees be vaccinated against COVID-19 unless they obtain an exemption. The above-named person is requesting an exemption from this requirement. A medical exemption 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 (attach supporting documentation or medical records):

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: ____/____/____

Employee Attestation:

I certify that the above information is true and correct, and that I am applying to obtain a medical exemption from Jackson State University’s federally required COVID-19 vaccination requirement.

I understand that if this request is granted, I must abide by any reasonable accommodations provided by the University, including regular testing, the use of a face mask at all times, and social distancing.

Employee Signature: _____

Office Use Only:

Review:

Approved

Denied

Requested the following additional information on the following date:

Signature of Reviewing Official

Date