



# COVID-19 Vaccination Medical Exemption Form

ECU will require the COVID-19 vaccine for all employees whose duties may require direct contact with patients and/or require a presence in a health care setting to be fully vaccinated or receive a medical or religious exemption. Please submit medical exemption requests to [ecumedexemptions@ecu.edu](mailto:ecumedexemptions@ecu.edu).

You may request that ECU consider granting you an exemption to the COVID-19 vaccine if any of the following applies:

1. Severe allergy to a component of the COVID-19 vaccine.
2. You are pregnant and, although not a contraindication, you or your provider may prefer delaying the vaccine. This is a time limited exemption and members must be compliant before returning to work post-delivery.
3. Other special documented circumstances you wish to have considered for a medical exemption

## **EXEMPTION BASED ON MEDICAL CONTRAINDICATIONS**

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If you are requesting an exemption due to your medical condition, you must submit a completed Exemption Request Form (included below). You may also be asked to provide supporting medical documentation that includes information that supports the rationale for granting the exemption (i.e., results of an allergy test, etc.).

## **EXEMPTIONS AT VIDANT MEDICAL CENTER**

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ECU employees who perform duties in Vidant Medical Center or in other Vidant Health facilities must also comply with applicable Vidant COVID-19 vaccination requirements. Employees subject to COVID-19 vaccination requirements at both ECU and Vidant must submit requests for medical and/or religious exemptions to both entities unless the employee authorizes ECU to share this exemption request and supporting documentation with Vidant. Vidant and ECU may reach different decisions regarding exemption requests and accommodations. Differences in circumstances regarding their respective patient populations and environments may lead to different determinations about whether unvaccinated individuals can safely work in ECU and Vidant clinical spaces.

By signing here, I authorize ECU to share my request for exemption and supporting documentation with Vidant.

Signature : \_\_\_\_\_

Date: \_\_\_\_\_



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## MEDICAL EXEMPTION CERTIFICATION SECTION (Employee please complete this section)

### IMPORTANT MESSAGE

If you are granted a medical exemption to the COVID-19 vaccination, ECU may, in its discretion, require you to participate in scheduled surveillance testing according to your work status. Other accommodations may include removal from caring for immunocompromised patients, remote work and/or reassignment to other areas in the organization.

Previous exemptions for vaccines on file in the Office of Prospective Health or elsewhere do not carry over in the COVID-19 exemption process. New exemption forms must be submitted.

The recommendations in this document represent the state of the Coronavirus literature and recommendations as of , to the best of medical certainty, and are subject to updating in the future.

### ECU COVID-19 Vaccination Exemption Request

Name: \_\_\_\_\_ Banner#: \_\_\_\_\_ Date: \_\_\_\_\_  
Department: \_\_\_\_\_ Job Title: \_\_\_\_\_ Manager: \_\_\_\_\_

Work Status:	
Onsite	<input type="checkbox"/>
Remote	<input type="checkbox"/>
Hybrid	<input type="checkbox"/>

### Medical exemption requested due to:

\_\_\_\_\_ Severe allergy to any a component of the COVID-19 vaccine (supporting medical documentation required)  
\_\_\_\_\_ Pregnancy (supporting medical documentation and expected due date required)  
\_\_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have attached and/or will provide supporting documentation to this request by the emailed deadline. I understand that exemption requests submitted after the deadline date will not be considered. I also understand that exemption requests will be considered incomplete and will not be processed without the submission of acceptable supporting medical documentation.

My signature on this form is my attestation that I am requesting an exemption in good faith, and the information I am providing or causing others to provide on my behalf is true and correct. I understand that providing false or misleading information may be grounds for corrective action up to and including separation from employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**OFFICIAL USE ONLY:**

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Date Documentation Received:

Approved:  Permanent  Temporary, time-limited; Re-evaluation Date: \_\_\_\_\_

Denied (reason for denial): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_

ADA Meeting Representative: \_\_\_\_\_

Date: \_\_\_\_\_

Testing Interval: Bi-weekly Monthly Other: \_\_\_\_\_

Remove from immunocompromised patients: \_\_\_\_\_  
\_\_\_\_\_

Accommodation Guidance from the Job Accommodation Network: The employer may gather information about the employee's medical condition to determine if the employee has a disability and whether there is a reasonable accommodation that will eliminate or reduce any risk associated with working while unvaccinated that does not pose an undue hardship to the employer. Reasonable accommodation solutions can be explored using information about an employee's essential job duties, the work environment, and nature of the workforce.

According to the Equal Employment Opportunity Commission (EEOC), if an employee cannot comply with an employer's mandatory COVID-19 vaccination policy because of a disability and they cannot be reasonably accommodated to safely work, then the employer may exclude the unvaccinated employee from the workplace. This does not necessarily mean, however, that the employee may be terminated. The employer should determine if the employee is entitled to other accommodations, such as remote work, and if protections under other federal, state, or local laws apply.