



LOYOLA UNIVERSITY MARYLAND

— 1852 —

## EMPLOYEE EXEMPTION REQUEST FORM -- COVID-19 VACCINATION

All employees of Loyola University Maryland are required to receive COVID-19 vaccination as a condition of continued employment, unless they are granted a medical or religious exemption. An employee seeking exemption should complete section I: Assumption of Risk. If the waiver request is for a medical exemption, the employee must also have their medical provider complete Part II and send it directly to Human Resources. If the waiver request is for a religious exemption, the employee should also complete Part III.

EMPLOYEE NAME: \_\_\_\_\_ EMPLOYEE ID #: \_\_\_\_\_

### SECTION I: ASSUMPTION OF RISK

COVID-19 is a highly contagious respiratory virus that affects people of all ages. This virus can cause long-term medical problems and death, regardless of age. This virus spreads through respiratory droplets and up to 50% or more of people can be infected without realizing it. Prevention strategies include wearing a mask and physically distancing when around others. However, these strategies affect what is accepted as “normal life” and are a challenge to adhere to for many and may negatively impact the University’s operations.

According to the scientific data, COVID-19 vaccines are safe and highly effective at preventing severe illness, hospitalization, and death. When large numbers within a population are immunized, viral spread will be significantly limited. Each individual of a community contributes to this protective approach. Foregoing vaccination puts one at risk for getting the disease, along with the associated risk of long-term medical problems or death. Individuals who are not vaccinated against COVID-19 also may put others they interact with at greater risk.

To minimize the risk of viral spread, unvaccinated individuals may be required to undergo regular screening tests for COVID-19 (which may occur as regularly as is determined necessary, such as on a weekly basis). Unvaccinated persons may also be required to quarantine away from campus if exposed to the virus, and during such quarantine may be compelled to use paid or unpaid leave time as applicable and according to University policy.

**I have read and reviewed the information provided above concerning the risks and benefits of the COVID-19 vaccine. For the reasons described below, I seek NOT to be vaccinated and understand the potential consequences associated with this request. I understand that if I receive an exemption, I may be required to undergo regular screening/testing for COVID-19 and to take leave to quarantine if exposed to the virus.**

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

*Employee*

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

**Section II: Medical Exemption Request (to be completed by medical provider)**

**Medical Exemption:** See the [CDC guidance](#) regarding contraindications for COVID-19 vaccines.

**Medical Provider Certification of Contraindication:** I certify that my patient (named above) should not be vaccinated against COVID-19 because they have one of the following contraindications:

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Documented anaphylactic allergic reaction or other severe adverse reaction to any COVID-19 vaccine – e.g., cardiovascular changes, respiratory distress, or history of treatment with epinephrine or other emergency medical attention to control symptoms. Generally, does not include gastro-intestinal symptoms as the sole presentation of allergy. **Describe the specific reaction:**

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Documented allergy to a component of the vaccine – does not include sore arm, local reaction or subsequent respiratory tract infection. **Describe the specific reaction:**

Other documented contraindication. **Please Explain:**

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<b>Signature of Healthcare Provider:</b>	
<b>Name (print):</b>	<b>Address/Phone or Clinic Stamp:</b>

**Section III: Religious Beliefs Exemption Request (to be completed by the employee)**

**Requests for exemption based on religious beliefs:** if the bona fide religious beliefs of an employee prevent COVID-19 vaccination, the employee may be exempt from the vaccine requirement upon submission of a written statement below explaining the sincerely held religious belief, practice, or observance that prevents compliance with the COVID-19 vaccination requirement, provided that the exemption does not cause an undue hardship to the University (*attach additional pages if needed*)

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Signature: \_\_\_\_\_  
*Employee*

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