



COVID-19 VACCINATION REQUEST FOR MEDICAL EXEMPTION FORM

Name: _____ Date of Birth: _____
 Email: _____ Phone: _____
 Department: _____ Supervisor: _____
 Provider: _____ Provider Phone: _____

University of Missouri requires a COVID-19 vaccination in certain units or departments of the university, unless approved for an exemption. Individuals with an approved exemption will have to comply with requirements specified in related policies and/or guidelines, which may include masking and other measures. If an approved exemption contains an expiration date, you will be expected to complete the vaccine requirement at that time. If the condition continues, or a new vaccination contraindication occurs, a new exemption request with updated documentation is required.

The University bases its immunization practices/policies on the Centers for Disease Control and Prevention (CDC), federal mandates, and other local health authority guidance.

There are, however, persons who should not receive the COVID 19 vaccine or live virus vaccines and will need an evaluation for a medical exemption by their medical provider. Please check the appropriate reason below that best describes your situation:

- Contraindication to COVID 19 vaccine or its components.
- Biologic or chemotherapy medications or medical treatments which can put a person at risk for immunosuppression.
- History of Guillain-Barre Syndrome (GBS).
- Other (describe): _____

Please have your licensed health care provider complete the section below and attach supporting medical records or documentation. Information will be evaluated on a case-by-case basis and staff will be informed of the decision by email.

I certify that _____ has contraindications to COVID-19 vaccine or its components and I support the request for a medical exemption from required COVID-19 vaccination.

The medical condition is:
 Temporary and is expected to end or expire on or about _____
 Long-term _____

Provider signature (signature stamp not accepted): _____
Provider License #: _____ **Date:** _____

I am requesting a medical exemption to the requirement for COVID-19 vaccination *or* a delay in vaccination because of a temporary condition or medical circumstance. By signing or typing my name above, I acknowledge that I am submitting this form and attached documentation in support of my request and verify the information is complete and accurate. I understand that any intentional misrepresentation contained in this request may result in disciplinary action. While all exemption requests will be carefully reviewed, approval is not guaranteed.

Employee Signature: _____ **Date:** _____

Submit the signed completed form through myHR to request a medical exemption. Any questions? Contact your Human Resources Office.

Note: HOSPT Members and/or employees of MU Health are required to submit proof of COVID-19 vaccination in an alternative manner. Employees may email MU Health Care AskHR for additional information at askhr@health.missouri.edu.