COVID-19 VACCINE WAIVER FORM
EMPLOYEES REQUESTING AN EXEMPTION FOR MEDICAL OR RELIGIOUS REASONS

INSTRUCTIONS:

1. This form must be completed by an employee who is requesting a waiver from receiving the COVID-19 vaccine.
2. The waiver may only be utilized when requesting an exemption from receiving the COVID-19 vaccine.
3. This form must be submitted through Vax Check portal.

RELATED POLICIES:

1. In the event of a COVID-19 outbreak, the University, in consultation with the New Jersey Commissioner of the Department of Health, may require employees without documented evidence of COVID-19 immunization to remain off campus until the outbreak is over.
2. Unvaccinated individuals are subject to COVID-19 testing and screening requirements and other protocols as may be implemented by the University to mitigate the spread of COVID-19 on campus.
3. This form is valid only for the COVID-19 vaccine.
4. If an exemption is granted it will be applicable for one year. You will be responsible to submit a new Exemption request for each subsequent year. The University has the right to request additional information or resubmission at any time.

Reason for Waiver Request (please select an option below):

- [ ] Medical Exemption: Requesting a waiver from receiving the COVID-19 vaccine which is medically contraindicated due to my current health condition.

  REQUIRED: Attach a written statement by a licensed physician or nurse practitioner that indicates the reason(s) for the medical contraindication, based upon CDC guidelines and includes a specific time period for the medical exemption. Note that medical exemptions must be updated on a yearly basis unless indicated otherwise by the University.

  All medical documents need to be submitted within seven days from the date you completed the Hawkcheck.

- [ ] Religious Exemption: Requesting a waiver from receiving the COVID-19 vaccine requirement based on my religious tenets/beliefs.

  REQUIRED: Attach a written statement explaining how the administration of vaccinating agents conflicts with my bona fide religious beliefs. Note that a general philosophical or moral objection is not sufficient for an exemption on religious grounds. (Use space below to provide the statement or attach a signed and dated letter.)

Last Name: __________________________ First Name: __________________________

Cell Phone: __________________________

Signature of Employee: __________________________ Date: __________________________

INCOMPLETE OR UNSIGNED FORM WILL NOT BE PROCESSED