



APPENDIX B:

## REQUEST FOR MEDICAL EXEMPTION FROM COMMUNICABLE INFECTIOUS DISEASE VACCINATION

\*Must be completed by the individual requesting exemption and their health care provider\*

To be completed by the Rutgers Employee or Volunteer (please print)

Please check one:  Employee  Volunteer

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Email Address: \_\_\_\_\_

Applicable Season (for example, 2021-2022): \_\_\_\_\_

School/Institute: \_\_\_\_\_

Department: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Please check any that apply:  Seasonal Influenza  COVID-19  Other

**Confirmation:**

I verify that the information is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I understand that I may be at risk of acquiring infection. In addition, I may spread a communicable infectious disease, such as influenza or COVID-19, to patients, other health care workers, and my family, even if I have no symptoms. This can result in serious infection, particularly in persons at high risk for communicable infectious disease complications. I have also been given the opportunity to be vaccinated with a communicable infectious disease vaccine at no charge to myself. However, I request a medical exemption from the Rutgers University Communicable Infectious Disease Immunization Policy for Covered Individuals at this time. I understand that I continue to be at risk of acquiring a communicable infectious disease, potentially resulting in transmission to patients and other personnel. If in the future I want to be vaccinated with a communicable infectious disease vaccine, I can receive it at no charge to me. I attest that if granted this exemption, I will wear a face mask in accordance with the Rutgers Communicable Infectious Disease Immunization Policy for Covered Individuals. I also understand that my request for an exemption may not be granted if it is not reasonable.

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

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To be completed by the health care provider of the Rutgers Employee or Volunteer:

Dear Health Care Provider,

We are committed to protecting our patients from exposure to communicable infectious diseases at our facilities and therefore adopt the Centers for Disease Control and Prevention (CDC) recommendations.

The above-named individual is requesting an exemption from this vaccination requirement. A medical exemption from a communicable infectious disease vaccination is allowed for disabilities which prevent the person from receiving a vaccination.

Please complete the form below and verify whether your patient has at least one of the contraindications for a medical exemption.

Thank you.

**The above individual should not be immunized for the following communicable infectious diseases (Please check all that apply):**

- Seasonal Influenza
- COVID-19

**The above individual should not be immunized for communicable infectious diseases for the following reason (Please check all that apply):**

- A severe allergy to (Please indicate communicable infectious disease) \_\_\_\_\_ vaccine or components of the vaccine. **Required:** What is the severe allergy? Please provide detail and attach additional page if more space is needed.
- Diagnosed with Guillain-Barre syndrome within six (6) weeks of a prior influenza vaccination. (Seasonal Influenza only)
- Other – please provide a separate narrative that describes the reason for exemption in detail. These requests will be reviewed on a case-by-case basis.

I certify that \_\_\_\_\_ has the above contraindication and therefore request a medical exemption from the communicable infectious disease vaccine(s) indicated above.

Health Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Health Care Provider Name: \_\_\_\_\_

Health Care Provider Phone #: \_\_\_\_\_

Health Care Provider e-mail address: \_\_\_\_\_

Health Care Provider Address: \_\_\_\_\_

Health Care Provider Medical License #: \_\_\_\_\_



**To Rutgers Employee or Volunteer:** Scan and email this form to [FluMedicalExemption@rbhs.rutgers.edu](mailto:FluMedicalExemption@rbhs.rutgers.edu) for influenza vaccine exemptions and [CovidMedicalExemption@rbhs.rutgers.edu](mailto:CovidMedicalExemption@rbhs.rutgers.edu) for COVID-19 vaccine exemptions or as otherwise identified in writing by Rutgers. Incomplete forms will NOT be accepted. For those who do not have the ability to email and/or scan, please mail a copy to:

**For Staff Employees:**

RBHS Office of Clinical Affairs  
Child Health Institute  
89 French Street, Suite 4100  
New Brunswick, NJ 08901

**For Faculty Employees:**

The Office of Academic Labor Relations  
Rutgers University  
178 Ryders Lane, Suite 308  
New Brunswick, NJ 08901-8556

***DESIGNATED OFFICE USE ONLY:***

Medical Exception Approved on \_\_\_\_\_ Approving Signature: \_\_\_\_\_

Approved Medical Exemption Forms (Appendix B) should be returned to employee's supervisor or other unit representative who is tracking vaccine compliance.