

## Medical Request for Accommodation for Vaccination Exemption

To request an exemption from required vaccinations, please complete section 1 below and have your medical provider complete section 2 before returning this form to the Program Manager who provided you with this form.

Name (print):	Date:
Ingenuity Program	Instructor
Home/Cell Phone:	

I am requesting a medical exemption from CNM Ingenuity’s (CNMI) mandatory vaccination policy for COVID-19.

I verify that the information I am submitting to substantiate my request for exemption from CNMI’s vaccination policy is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including expulsion.

I further understand that CNMI is not required to provide this exemption accommodation if doing so would pose a direct threat to myself or others on the campus or would create an undue hardship.

Student Signature:	Date:
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### Section 2 Medical Certification for Vaccination Exemption

Student Name: \_\_\_\_\_

Dear Medical Provider,

CNMI requires vaccination against COVID-19 as a condition of on-campus participation. The individual named above is seeking an exemption to this policy due to medical contraindications. Please complete this form to assist CNMI in the reasonable accommodation process.

<b>The person named above should not receive the COVID-19 vaccine due to:</b>
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<b>This exemption should be:</b> <input type="checkbox"/> Temporary, expiring on: __/__/____, or when _____ <input type="checkbox"/> Permanent

I certify the above information to be true and accurate, and request exemption from the COVID-19 vaccination for the above-named individual.

Medical Provider Name (print):	
Medical Provide Signature:	Date:
Practice Name & Address:	Provider Phone:

### Senior Director of Operations Use Only

Date exemption request received: \_\_/\_\_/\_\_\_\_

Accommodation request:

- Approved \_\_/\_\_/\_\_\_\_  
Describe specific accommodation details: \_\_\_\_\_  
\_\_\_\_\_
  
- Denied \_\_/\_\_/\_\_\_\_  
Describe why accommodation is denied: \_\_\_\_\_  
\_\_\_\_\_

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