



## RISE Request Form for Medical Exemption from COVID-19 Vaccination

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To request an exemption from the COVID-19 vaccination, please complete section 1 below and have your medical provider complete section 2 before returning this form to the RISE office.

### SECTION 1

Name (Print):	Date:
Work/Cell Phone:	

I verify that the information I am submitting to substantiate my request for exemption from Rivier University's vaccination policy is true and accurate to the best of my knowledge.

I further understand that Rivier University is not required to provide this exemption if doing so would pose a direct threat to myself or others in the classroom or would create an undue hardship for Rivier University.

Signature:	Date:
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**SECTION 2**

**Medical Certification for Vaccination Exemption**

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Name:

Dear Medical Provider,

Rivier University requires vaccination against COVID-19 as a condition of attendance in in-person courses for the Rivier Institute for Senior Education. The individual named above is seeking an exemption to this policy due to medical contraindications.

Please complete this form to assist Rivier University in the reasonable accommodation process.

<b>The person named above should not receive the COVID-19 vaccine due to:</b>
<b>This exemption should be:</b> Temporary, expiring on: ___ / ___ / _____, or when _____ 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 Provider Signature:	Date:
Practice Name & Address:	Provider Phone:

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**HR USE ONLY**

Date of initial request: \_\_\_ / \_\_\_ / \_\_\_\_\_

Date certification received: \_\_\_ / \_\_\_ / \_\_\_\_\_

Exemption request:

Approved: \_\_\_ / \_\_\_ / \_\_\_\_\_

Denied: \_\_\_ / \_\_\_ / \_\_\_\_\_

Describe why exemption is denied: \_\_\_\_\_