

Immunization Medical Exemption Form – Employee

As a federal contractor, Colorado School of Mines requires that all employees be fully vaccinated against Covid-19 unless a completed medical or religious exemption is submitted to Mines. This form should be submitted by employees requesting an exemption from the Covid-19 vaccine requirement on the basis of a medical contraindication to the SARS-CoV-2 vaccine.

Employees with a recorded immunization exemption may be compelled to quarantine or isolate, participate in regular Covid-19 testing, or adhere to other disease mitigation measures imposed by Mines.

NOTE: Any employees also desiring to request an accommodation related to their medical condition or disability should follow-up with Mines’ Human Resources after submitting this form. The employee and Mines will engage in the interactive process to determine whether the employee is eligible for such accommodation and if so, to determine the reasonable accommodations that can be provided that enable the employee to perform the essential functions of their position without posing a threat of harm to self or others.

Please complete all required fields below and submit the form to the secure portal for employees available [here](#). Incomplete forms will not be accepted.

Employee Information:

Last Name:	First Name:	Middle Name:
Date of Birth:	CWID:	

Required Vaccine

Check vaccine declined:	List medical contraindication(s) for each vaccine declined:
SARS-CoV-2 (COVID-19)	

Statement of Exemption

The physical condition of the above-named individual is such that vaccination would endanger their life or health or is medically contraindicated due to other medical conditions. The information I have provided on this form is complete and accurate.

REQUIRED Signature: _____ **Date:** _____
 Physician (MD, DO), Advanced Practice Nurse (APN), or Physician Assistant