Baker College

MEDICAL VERIFICATION for COVID-19 VACCINE EXEMPTION REQUEST

SECTION I: COMPLETED BY EMPLOYEE

INSTRUCTIONS to the Employee: Please complete Section I before giving this form to your medical provider. You have 7 calendar days to return this completed form.

Name: _____   _____   _____
        First   Middle   Last

SECTION II: COMPLETED BY HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: The above employee has requested an accommodation exempting the employee from the Clinical Site COVID-19 vaccination requirement due to a contraindication. Please provide all of the information requested below. You should limit your responses to the condition for which the employee is seeking an exemption. Please be sure to sign the form on the last page. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), genetic services, as defined in 29 C.F.R. § 1635.3(e), or the manifestation of disease or disorder in the employee's family members, 29 C.F.R. § 1635.3(b).

Provider's name: _____

Provider's business address: _____

Type of practice/medical specialty: _____

Telephone number: (____) _____-_____

1. Describe the employee's condition, including diagnosis:

    _____

2. Date condition commenced and probable duration:

    _____

3. Dates you have treated the employee for this condition:

    _____

4. Is the employee <u>unable</u> to receive the vaccine for COVID-19? ____No; ____Yes. If yes, please specify why:

_____

_____

_____

5. Are there any accommodations or other measures that would enable the employee to receive the vaccine? ___No; ___Yes. If yes, please explain the accommodations:

_____

_____

_____

I certify that I have reviewed the information provided in conjunction with this evaluation and that the information contained on this form is true and complete to the best of my knowledge and belief.

Medical Provider Signature: _____

Date: _____

SECTION III: SUBMISSION INSTRUCTIONS

Medical Provider: Please return completed form to the employee named above, by email or in-person.

Employee: Please submit completed form to the BC Portal.