UNIVERSITY OF Nebraska
Medical Center

UNMC EMPLOYEE REQUEST FOR ADA (MEDICAL) EXEMPTION TO COVID-19 VACCINATION

UNMC faculty, students, and staff must be fully vaccinated against COVID-19 by October 22, 2021. All employee requests for ADA (medical) exemptions from this requirement must be submitted via this form before September 15, 2021. https://www.unmc.edu/news.cfm?match=27686

If you are an employee and are requesting an ADA (medical) exemption, please complete this form and submit it to the UNMC HR- Employee Relations office at EmployeeRelations@UNMC.edu. A representative from Employee Relations will contact you about your request and will provide detailed instructions regarding next steps.

Part 1 – To Be Completed by Employee

Name: _____ Job Title: _____

UNMC Personnel # _____ Phone Number: _____

Email: _____Department: _____

Supervisor: _____ Date of Request: _____

Reason for ADA (medical) exemption:

_____
_____
_____
_____
_____

Part 2 – To Be Completed by Employee's Physician

Dear Medical Provider,

UNMC requires vaccination against COVID-19. The individual named above is seeking an exemption to this policy due to medical contraindications. Please complete this form to assist UNMC in the reasonable accommodation process.

The person named above should not receive the COVID-19 vaccine due to:

_____
_____
_____
_____
_____
_____
_____
_____

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This exemption should be:

_____   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): _____ Date: _____

Medical Provider Signature: _____

Practice Name & Address: _____

Medical Provider Phone: _____

HR USE ONLY

Date Accommodation Request received: _____

Date Approved: _____

Describe specific accommodation details:
_____

Date Denied: _____

Describe why accommodation is denied:
_____

Employee Relations Representative Signature: _____ Date: _____