



COVID-19 Vaccine Accommodation Request Form

As part of the College response to COVID-19, Moore College of Art & Design is requiring all employees to receive the COVID-19 vaccine. With that said, we are committed to supporting employees with religious beliefs or medical reasons who request a waiver of the COVID-19 vaccine requirement.

To request an accommodation to waive the COVID-19 vaccine requirement, employees are required to complete the COVID-19 Vaccine Accommodation Request Form along with providing the following documentation:

- For Medical Reasons – include a completed Medical Inquiry Form from your Physician
- For Religious Beliefs – complete the question as prompted

EMPLOYEE INFORMATION

Name: _____ Department: _____

Reason: Medical Reason – Submit completed COVID-19 Medical Inquiry Form

Religious Belief - Please answer the following:

Please explain below why you are requesting a Religious Exemption/Accommodation:

Employee Name: _____

Date: _____



COVID-19 MEDICAL INQUIRY FORM

EMPLOYEE NAME: _____ DATE: _____

JOB TITLE: _____ DEPARTMENT: _____

The above employee has submitted an accommodation request to waive the College's requirement for all employees to receive the COVID-19 vaccine. As the employee's physician or medical provider, you are asked to complete this form.

Please confirm whether a medical condition exists which would prohibit the above named employee from receiving the COVID-19 vaccine?

Do you support the request to exempt the employee from the vaccine requirement and is there any other information that should be considered to determine whether or not to waive the vaccine requirement?

Thank you for your assistance providing this information. Please email the completed form to rphillips@moore.edu. If you have any questions, please contact the Director of Human Resources at 215-965-4025.

Signature

Date

Provider Name (printed)

Telephone #

Name of Practice

Email address



To Be Completed by Employer:

The employee's request for a COVID-19 Vaccine Accommodation, and all supporting documentation, has been thoroughly reviewed by the Accommodation Committee and the employee. Based on the review, the request for accommodation has been:

APPROVED

DENIED

If approved, the employee will agree to follow the following safety protocols and any other safety protocols that may be put in place at a future date as required by the CDC or our local or state governmental agencies.

Employee Signature: _____

Date: _____

Human Resources Signature: _____

Date: _____