



American  
Jewish  
University

## Request for Accommodation: Medical Exemption from Vaccination

To request an exemption from required vaccinations, please complete section 1 below and have your medical provider complete section 2. Please return this form to the Office of Academic Affairs at [academicaffairs@aju.edu](mailto:academicaffairs@aju.edu).

### Section 1

First & Last Name (print):	Date:
Degree/Program:	AJU Email:
Alternative Email:	Phone:

I am requesting a medical exemption from American Jewish University's mandatory vaccination policy for the COVID-19 vaccination.

I verify that the information I am submitting to substantiate my request for exemption American Jewish University's vaccination policy is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including termination. I further understand that American Jewish University is not required to provide this exemption accommodation if doing so would pose a direct threat to myself or others in the workplace or would create an undue hardship for the University.

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Student Signature:	Date:
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**Section 2**

**Medical Certification for Vaccination Exemption**

Student Name: \_\_\_\_\_

Dear Medical Provider,

American Jewish University requires vaccination against COVID-19 as a condition of enrollment. The individual named above is seeking an exemption to this policy due to medical contraindications.

Please complete this form to assist The 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> <input type="checkbox"/> Temporary, expiring on: __/__/____, or when _____ <input type="checkbox"/> 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 Provide Signature:	Date:
Practice Name & Address:	Provider Phone:

**OAA USE ONLY**

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

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

Accommodation request:

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

Describe specific accommodation details:

\_\_\_\_\_

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

Describe why accommodation is denied:

\_\_\_\_\_