



STUDENT REQUEST FOR MEDICAL EXEMPTION FROM MANDATORY COVID-19 VACCINATION POLICY

Case Western Reserve University (CWRU) is committed to providing all students with opportunities to take full advantage of the university's educational, academic, and residential programs. We recognize that students with documented disabilities may need assistance or accommodations in order to achieve this objective. CWRU's Mandatory COVID-19 Vaccination Policy requires that, by July 23, 2021, all faculty, staff, and students whose work or study requires their presence on campus must establish that they are fully vaccinated, i.e., it has been two weeks since they have received their final dose of an approved COVID-19 vaccine. Please complete this form if you are seeking a medical exemption from CWRU's Mandatory COVID-19 Vaccination Policy.

To request an accommodation, 1) print and sign the first part of this form, 2) have the second part completed by your health care provider, and then 3) email the completed forms to disability@case.edu.

Name: _____

Student ID Number: _____ Network ID: _____

Phone #: (_____) _____

Email: _____@case.edu

How would you prefer to be contacted?

Please select one: Phone Email

Are you planning to live on-campus? Yes No

Are you in a remote program? Yes No
If remote, how long will it be remote? Entire program Just the current semester

Are you in a health education program that requires a clinical placement/rotation? Yes No

Once you complete this process, we will review your documentation and let you know if we can proceed to scheduling an intake appointment.

If you have any questions or concerns, please feel free to contact our office at 216-368-5230.

1. Identify the mental or physical impairment or other medical condition that does or may interfere with your ability to receive a COVID-19 vaccination.

2. My request for a medical exemption from CWRU's Mandatory COVID-19 Vaccination Policy is:

Temporary, expiring on: ___/___/_____, **or when** _____.

Permanent.

3. If CWRU provides you with a medical exemption from its Mandatory COVID-19 Vaccination Policy, CWRU will consider implementing additional safety procedures, including mask obligations, physical distancing, and testing requirements.

I acknowledge and agree that, if my request for an accommodation is granted, I would comply with such additional safety procedures as instructed by CWRU.

YES NO

I verify that the information I am submitting to substantiate my request for a medical exemption from CWRU's Mandatory COVID-19 Vaccination Policy is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action. I further understand that CWRU is not required to provide this accommodation if doing so would pose a direct threat to myself or others on campus or would create an undue hardship for CWRU.

Signature: _____

Date: _____

Print Name: _____