

5. Identify all approved COVID-19 vaccinations (e.g. Pfizer-BioNTech, Moderna, Johnson & Johnson's Janssen) that, in your medical opinion, the named individual should not receive due to the impairment or other medical condition identified in response to Question 4 above.
6. Explain how the impairment or medical condition above does or may interfere with the named individual's ability to receive the COVID-19 vaccination(s) you identified in response to Question 5 above.
7. How long is the mental or physical impairment or other medical condition identified in response to Question 4 likely to last?

The impairment/condition commenced on: _____

The impairment/condition is likely to last until: _____

Further comments:

8. The requested exemption from CWRU's Mandatory COVID-19 Vaccination Policy should be:

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

Permanent.

9. To the extent that CWRU could potentially provide the named individual with a medical exemption from CWRU's Mandatory COVID-19 Vaccination Policy, CWRU may implement additional safety procedures, including mask obligations, physical distancing, and testing requirements. Could the named individual safely comply with these additional procedures?

YES _____ NO _____

If no, please explain which additional safety procedures the named individual could not safely comply with and a detailed explanation as to why.

10. Please provide any additional information you believe would be helpful to CWRU in evaluating the named individual's request for a medical exemption from CWRU's Mandatory COVID-19 Vaccination Policy.

I certify the above information to be true and accurate, and request exemption from the COVID-19 vaccination(s) identified above for the individual named above.

Contact information:

Address: _____

Telephone: _____

FAX and/or Email address: _____

Printed Name: _____

Professional Signature: _____

License #: _____ **Date:** _____

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date.

Please return a completed copy of this form or send an email with the relevant information in it to Disability Resources in Sears 402, 216-368-8826, or at disability@case.edu.