



**STUDENT REQUEST FOR MEDICAL EXEMPTION FROM MANDATORY COVID-19 VACCINATION POLICY AND BOOSTER REQUIREMENTS**

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 all faculty, staff, and students whose work or study requires their presence on campus must establish that they are fully vaccinated with an approved COVID-19 vaccine. Please complete this form if you are seeking a medical exemption from CWRU's Mandatory COVID-19 Vaccination Policy and/or the mandated booster requirement.

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](mailto:disability@case.edu).

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

Student ID Number: \_\_\_\_\_ Network ID: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_@case.edu

Do you live on-campus or intend to live on-campus?  
Yes No

*If you live or intend to live on-campus, please note that unvaccinated students who want to live on campus will be required to live with other unvaccinated students on-campus in a specific location designated by University Housing.*

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

Are you in a program that requires work with vulnerable or immunocompromised people or animals?  
Yes No

*If you answered yes, to either of these questions, you should know that clinical placements require vaccination against the COVID-19 virus. Students planning to participate in clinical education settings should contact their program advisor/society dean as soon as possible to discuss the impact of non-vaccination or non-receipt of a booster on clinical placements.*

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: \_\_\_\_\_

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.