



University of South Alabama (USA)

Employee Request form

Request to claim an exemption from the COVID-19 vaccination for medical reasons or sincerely held religious beliefs.

Employee Information		
Name:	Jag#:	Email:
Department/School	Work phone:	Cell Phone:

Any individual in the State of Alabama who is subject to a requirement that he or she receive one or more COVID-19 vaccinations as a condition of employment may claim an exemption for medical reasons, because the vaccination conflicts with sincerely held religious beliefs, or both. You may request either a medical or a religious exemption from the COVID-19 vaccination by completing this form and submitting the form to your employer. In the event your employer denies this request, you have a right to file an appeal with the Department of Labor within 7 days. Your employer will provide you with information on how to file an appeal.

I am requesting exemption from the COVID-19 vaccine requirements for one of the following reasons (check all that apply):

- ☐ My health care provider has recommended to me that I refuse the COVID-19 vaccination based on my current health conditions and medications. (NOTE: You must include a licensed health care provider's signature on this form to claim this exemption.)
- ☐ I have previously suffered a severe allergic reaction (e.g., anaphylaxis) related to vaccinations in the past.
- ☐ I have previously suffered a severe allergic reaction related to receiving polyethylene glycol or products containing polyethylene glycol.
- ☐ I have previously suffered a severe allergic reaction related to receiving polysorbate or products containing polysorbate.
- ☐ I have received monoclonal antibodies or convalescent plasma as part of a COVID-19 treatment in the past 90 days.
- ☐ I have a bleeding disorder or am taking a blood thinner.
- ☐ I am severely immunocompromised such that receiving the COVID-19 vaccination creates a risk to my health.
- ☐ I have been diagnosed with COVID-19 in the past 12 months.
- ☐ Receiving the COVID-19 vaccination conflicts with my sincerely held religious beliefs, practices, or observances.

I hereby swear or affirm that the information in this request is true and accurate. I understand that providing false or misleading information is grounds for discipline, up to and including termination from employment.

Employee Signature:	Date:
(Note: The following must be completed ONLY if claiming the first medical exemption listed above.)	
Signature of Health Care Provider :	Date: