

**THE UNIVERSITY OF TENNESSEE**

**REQUEST FOR MEDICAL EXEMPTION FROM FEDERAL CONTRACTOR MANDATES**

The University of Tennessee recognizes that certain medical circumstances may make it imprudent for an employee to receive a COVID-19 vaccine. The University, as contemplated in the Guidance developed by the Safer Federal Workforce Task Force, will offer medical exemptions to such qualifying individuals.

If your medical provider has advised you that you should not receive the COVID-19 vaccination for medical reasons, please complete this form and submit it to your supervisor or the ADA Coordinator.

**Section 1 -- To Be Completed by Employee/Applicant (additional pages may be attached)**

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date of Request: \_\_\_\_\_

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I am requesting a medical exemption from the mandatory vaccination policy for the following vaccinations:

\_\_\_\_\_  
\_\_\_\_\_

**Verification and Accuracy**

I verify that the information I am submitting to substantiate my request for exemption from the mandatory 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 the University of Tennessee 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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Employee/Applicant Signature

Date

**Section 2 -- To Be Completed by Medical Provider**

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

Dear Medical Provider:

The University of Tennessee, in accordance with President Biden’s Executive Order, requires vaccination against COVID-19 as a qualification for employment. The Individual named above is seeking an exemption from this policy for medical reasons.

Please complete this form to assist the University in the reasonable accommodation process.

The person named above should not receive the COVID-19 vaccine due to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This exemption should be:

\_\_\_\_ Temporary, expiring on \_\_\_/\_\_\_/\_\_\_, or when \_\_\_\_\_

\_\_\_\_ Permanent.

I certify that the above information to be true and accurate, and request exemption from the COVID-19 vaccination for the above-named individuals:

Medical Provider Name (print): \_\_\_\_\_

Medical Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_