COVID-19 Vaccination Medical Exemption Form
(Oct. 25, 2021)

In response to President Biden’s Executive Order 14042 and guidance issued by the Safer Federal Workforce Task Force, ECU will require the COVID-19 vaccination for impacted employees. The federal vaccine mandate applies to all employees who are working on or in connection with a federal contract or who work in the same location as employees working on a federal contract. The mandate applies to full-time and part-time employees as well as those working remotely or under flexible work arrangements. ECU will be taking a measured approach in notifying employees who are subject to the mandate, starting with those who are working directly on or in connection with federal contracts. As we obtain federal guidance on the details, it is foreseeable that more employees will be subject to the mandate.

Employees may seek a legal exception to the vaccination requirement due to a disability, using the form below. Requests for “medical accommodation” or “medical exceptions” will be treated as requests for a disability accommodation and evaluated and decided under the Americans with Disabilities Act and the applicable standards for reasonable accommodation absent undue hardship to the University. An employee may also request a delay for complying with the vaccination requirement based on certain medical considerations that may not justify an exception under the Rehabilitation Act. Safer Federal Workforce Task Force guidance on medical considerations that may warrant a delay is available here. ECU will be required to keep confidential any medical information provided, subject to the applicable ADA Act and Chapter 126 of the North Carolina General Statues standards. Employees who receive an exception or a delay from the vaccination requirement would instead comply with alternative health and safety protocols.

All exemption forms are due one month before the vaccine due date. To request a medical exception or delay from the COVID-19 vaccination requirement using this form:

1. You must complete Part 1 of this form.
2. Your medical provider must complete Part 2 of this form.
3. When both are completed, you must submit the form to your agency’s designated point of contact.

IMPORTANT MESSAGE
If you are granted an exemption to the COVID-19 vaccination, ECU may, in its discretion, require you to participate in scheduled surveillance testing according to your work status. Other accommodations may include removal from caring for immunocompromised patients, remote work and/or reassignment to other areas in the organization.

EXEMPTIONS AT VIDANT MEDICAL CENTER

ECU employees who perform duties in Vidant Medical Center or in other Vidant Health facilities must also comply with applicable Vidant COVID-19 vaccination requirements. Employees subject to COVID-19 vaccination requirements at both ECU and Vidant must submit requests for medical and/or religious exemptions to both entities, unless the employee authorizes ECU to share this exemption request and supporting documentation with Vidant. Vidant and ECU may reach different decisions regarding exemption requests and accommodations. Differences in circumstances regarding their respective patient populations and environments may lead to different determinations about whether or not unvaccinated individuals can safely work in ECU and Vidant clinical spaces.
By signing here, I authorize ECU to share my request for exemption and supporting documentation with Vidant.

Signature: _______________________________________________ Date: ____________________________

Previous exemptions for vaccines on file in the Office of Prospective Health or elsewhere do not carry over in the COVID-19 exemption process. New exemption forms must be submitted.

PART I - To be Completed by the Employee:

ECU COVID-19 Vaccination Exemption Request

Name: ___________________________ Banner#: ___________________________ Date: ___________________________

Department: ___________________________ Job Title: ___________________________ Manager: ___________________________

Work Status: ___________________________

☐ Onsite
☐ Remote
☐ Hybrid

I am requesting a medical exception to the requirement for COVID-19 vaccination or a delay because of a temporary condition or medical circumstance. I declare that the information I have provided is true and correct to the best of my knowledge and ability.

I have attached and/or will provide supporting documentation to this request. I understand the deadline to submit acceptable medical documentation as the basis for an exemption is one month prior to the vaccine due date and that exemption forms will not be considered after that date.

My signature on this form is my attestation that I am requesting an exemption in good faith, and the information I am providing or causing others to provide on my behalf is true and correct. I understand that providing false or misleading information may be grounds for corrective action up to and including separation from employment.

Signature: ___________________________ Date: ___________________________

________________________________________
Part 2 – To be Completed by the Employee’s Medical Provider

Medical Certification for COVID-19 Vaccine Exception

Employee Name:

Dear Medical Provider:

East Carolina University requires its employees in the Health Science Division and other University employees whose duties may require direct contact with patients and/or require a presence in a healthcare setting to be fully vaccinated or receive a medical or religious exemption by 01 December 2021. The individual named above is seeking a medical exception to the requirement for COVID-19 vaccination or a delay because of a temporary condition or medical circumstance. Please complete this form to assist East Carolina University in its reasonable accommodation process. If you have questions about completing this form, please contact ECU’s medical exemption coordinator at __________________.

Please provide at least the following information, where applicable:

1. The applicable contraindication or precaution for COVID-19 vaccination, and for each contraindication or precaution, indicate: (a) whether it is recognized by the CDC pursuant to its guidance; and (b) whether it is listed in the package insert or Emergency Use Authorization fact sheet for each of the COVID-19 vaccines authorized or approved for use in the United States;

2. A statement that the individual’s condition and medical circumstances relating to the individual are such that COVID-19 vaccination is not considered safe, indicating the specific nature of the medical condition or circumstances that contraindicate immunization with a COVID-19 vaccine or might increase the risk for a serious adverse reaction; and

Description of the medical condition for which the employee listed above should be excepted from complying with a COVID-19 vaccination requirement:

The condition described above is: ○ temporary  ○ long-term

If this is a temporary condition or medical circumstance, when it is expected to end or expire (allowing for COVID-19 vaccination to begin after the date you provided):

Medical Provider Name/Title

Medical Provider Signature Date
Accommodation Guidance from the Job Accommodation Network: The employer may gather information about the employee’s medical condition to determine if the employee has a disability and whether there is a reasonable accommodation that will eliminate or reduce any risk associated with working while unvaccinated that does not pose an undue hardship to the employer. Reasonable accommodation solutions can be explored using information about an employee’s essential job duties, the work environment, and nature of the workforce.

According to the Equal Employment Opportunity Commission (EEOC), if an employee cannot comply with an employer’s mandatory COVID-19 vaccination policy because of a disability and they cannot be reasonably accommodated to safely work, then the employer may exclude the unvaccinated employee from the workplace. This does not necessarily mean, however, that the employee may be terminated. The employer should determine if the employee is entitled to other accommodations, such as remote work, and if protections under other federal, state, or local laws apply.

Provider: __________________________
Signature: __________________________
Date: __________________________

ADA Meeting Representative: __________________________
Date: __________________________

Testing Interval: Bi-weekly  Monthly  Other
Remove from immunocompromised patients