



Health Care Provider Certification of Medical Exemption from SU Employee COVID-19 Vaccination Requirement ("Provider Certification")

This form is to be used by faculty and staff of Syracuse University who are applying for a medical exemption from the COVID-19 vaccination requirements, which require employees to be fully vaccinated and to have received a booster COVID-19 vaccination. Requests for medical exemptions will be treated as requests for reasonable accommodations for disabilities under the ADA.

Employee Information (to be completed by the employee)

Name:

SUID:

Provider Information (to be completed by a licensed physician, physician assistant or nurse practitioner who is treating the employee and to be returned to the employee for submission to Syracuse University)

Provider Name (please print):

Practice Name:

Address:

License Number and State of License:

Please complete all questions in Section A before signing and dating the document in Section B.

Section A

- 1) Does the employee have a medical condition that presents a contraindication to receiving any and all approved COVID-19 vaccinations offered in the United States (Pfizer, Moderna, and Janssen/Johnson & Johnson)? If yes, please describe the specific medical condition(s) that contraindicate immunization with the COVID-19 vaccines.

- 2) How long has the employee been under your care for the medical condition indicated?

- 3) If the condition includes an allergy to the COVID-19 vaccinations or components of the same, was the employee under your care at the time the allergic reaction occurred or was diagnosed?

- 4) Is the medical condition cited above permanent or temporary? If temporary, approximately when will it no longer be a valid contraindication to receiving any of the approved COVID-19 vaccinations offered in the United States?

Section B

Provider Signature:

Date: