COVID-19 VACCINATION ACCOMMODATION FORM

TRAINEE NAME: ________________________________

CURRENT TRAINING PROGRAM: ________________________________

ACCOMODATION TYPE:

MEDICAL □   RELIGIOUS □

ACCOMODATION DURATION:

TEMPORARY □   PERMANENT □

MEDICAL ACCOMMODATION: Please complete this section for a medical accommodation.
Briefly describe your reason below. Additionally, you must include appropriate medical documentation from your medical provider supporting your request.

MEDICAL PROVIDER NAME ________________________________
MEDICAL PROVIDER OFFICE PHONE: ________________________________

RELIGIOUS ACCOMMODATION: Please complete this section for a religious accommodation.
Briefly describe your reason below. Additionally, you must include documentation from your church/religious leader regarding your religious practice/belief supporting your request.

NAME OF RELIGIOUS BELIEF, CHURCH, OR RELIGIOUS BODY: ________________________________

CONTACT PERSON ________________________________ PHONE (Contact person of Church/Religious Body) ________________________________

I verify that the above information is complete and accurate to the best of my knowledge and I understand any intentional misrepresentation contained in this request may result in disciplinary action up to and including termination of training. I also understand my request for an accommodation may not be granted if it is not reasonable or if it creates an undue hardship.

Signature: ________________________________
Date: ________________________________

1. Email completed accommodation form to n-parlapiano@northwestern.edu.

2. This request will be reviewed by McGaw leadership. You will be notified of the decision regarding your requested accommodation.

3. For medical accommodations, you must provide contact information for your physician. A member of McGaw will contact your physician as necessary to make a determination on your request.