

## 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.

If you would like to request a religious exemption, please provide an additional page to explain what religious beliefs you hold, how or why those beliefs are sincerely held, and explain why or how those beliefs conflict with the COVID-19 vaccine. You may opt to submit a supporting letter from a faith leader, but this is not required.

**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](mailto: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 may contact your physician as necessary to make a determination on your request.