

BENNINGTON COLLEGE

COVID Vaccine Exemption | Medical or Religious Accommodation

Name of Employee: _____

I am requesting an exemption due to a:

- Medical Reason
- Religious Reason

I understand that my request is subject to review by Bennington College. I further understand that additional information or documentation may be required to support my request. Requests for medical exemptions will be coordinated under the College's workplace accommodations process and handled by Human Resources. Requests for religious exemptions will be handled by the Vice President for Diversity, Equity and Inclusion/Chief Diversity Officer. After your request has been reviewed and processed, you will be notified, in writing, if an exemption has been granted or denied.

I understand that individuals with approved exemptions may be required to comply with preventive requirements such as mandatory masking and/or social distance requirements, among others measures as determined by the College at any time in the future.

Medical Exemption

I, _____ (insert employee name), understand the [CDC recommendations](#) for COVID-19 vaccinations, as well as the College's policy that all employees be vaccinated as a condition of employment and am requesting a medical exemption from that requirement. Please provide the reason for your medical exemption (or attach supporting documentation). In documenting a reason for the requested medical exemption, your health care provider should identify the qualifying medical condition that the provider considers a contraindication to the COVID-19 vaccine, and should also identify any accommodations that you may need to perform the essential functions of your position (other than an exemption from the College's vaccine requirement).

Print name of Health Care Provider

(_____)_____
Health Care Provider Contact Number

Religious Exemption

I, _____ (insert employee name), understand the [CDC recommendations](#) for COVID-19 vaccination and am requesting a religious exemption because of a sincerely held religious belief, practice, or observance.

I verify that this information is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation of this information may result in disciplinary action, up to and including termination from employment.

Signature of Employee

Date: ____/____/____

HR USE ONLY:

Accommodation request:

- Approved
- Denied; provide supporting documentation