Cornell University

Medical Certification for Exemption from the COVID-19 Vaccination Requirement

Instructions:

This form must be used for the required medical certification in support of an employee's disability/medical exemption request under the Procedures for Faculty and Staff to Request a Disability/Medical and/or Religious Exemption from the COVID-19 Vaccination Requirement. Disability/medical exemptions may be requested when a licensed health care provider (Physician, Physician Assistant, or Nurse Practitioner) certifies that the employee is unable to receive the vaccination due to a medical contraindication, precaution, and/or disability/other medical condition.

- A contraindication is a condition in a recipient that increases the risk for a serious adverse reaction. Medical contraindications for immunizations are determined by the most recent Adult Immunization Recommendations of the ACIP, Public Health Services, U.S. Department of Health and Human Services, which is contained in the Centers for Disease Control and Prevention publication, the Morbidity and Mortality Weekly Report.
- A precaution is a condition in a recipient that might increase the risk for a serious adverse reaction or that might compromise the ability of the vaccine to produce immunity.
- A disability is a documented physical or mental impairment that substantially limits one or more major life activities.

The employee is responsible for obtaining this completed, signed form from their provider and attaching it to their Request for Disability/Medical and/or Religious Exemption from the COVID-19 Vaccination Requirement form.

Please provide the following information:

Employee/Patient Name:
CU Email (NetID@cornell.edu):

To be completed by the licensed health care provider:

1) Please describe in detail the patient's contraindication, precaution, and/or disability/other medical condition that prevents them from receiving the Pfizer, Moderna, **and** Johnson & Johnson vaccines. Please include any specific diagnosis and/or details of an occurrence (i.e., reaction to a prior vaccination) that support your recommendation.

2) Is this contraindication, precaution, and/or disability/other medical condition temporary or permanent? If temporary, how long will it last?

3) Does the patient have an impairment that substantially limits a major life activity? ☐Yes ☐No

If yes, check the major life activity or activities that apply:

☐Bending	☐Hearing	☐Reaching	☐Speaking
☐Breathing	☐Interacting with Others	☐Reading	☐Standing
☐Caring for Self	☐Learning	☐Seeing	☐Thinking
☐Concentrating	☐Lifting	☐Sitting	☐Walking
☐Eating	☐Performing Manual Tasks	☐Sleeping	☐Working
☐Other: (describe)			

4) Does the impairment substantially limit a major bodily function? ☐Yes ☐No

If yes, check the major bodily function or functions that apply:

☐Bladder	☐Digestive	☐Lymphatic	☐Reproductive
☐Bowel	☐Endocrine	☐Musculoskeletal	☐Respiratory
☐Brain	☐Genitourinary	☐Neurological	☐Special Sense Organs & Skin
☐Cardiovascular	☐Hemic	☐Normal Cell Growth	☐Circulatory
☐Immune	☐Operation of an Organ	☐Other: (describe)	

5) What is the basis for your medical conclusion? What medical records or other evidence support this conclusion?

6) How long has this patient been under your care?

Provider Name (print):

Provider Signature:

Date:

Address:

Telephone Number:

Email Address:

License Number:

State of Licensure:

Please return the completed, signed form to the patient.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. Genetic information as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.