

EMPLOYEE WAIVER AND EXEMPTION FORM REGARDING COVID-19 VACCINATION

YOU MUST SUBMIT THIS COMPLETED FORM TO THE UNIVERSITY HEALTH CENTER.
DOING SO WILL MEET THE REQUIREMENT TO REPORT YOUR VACCINATION STATUS.
INSTRUCTIONS FOR SENDING THE DOCUMENT CAN BE FOUND [HERE](#).

THIS DOCUMENT WILL NOT BE ACCEPTED IF IT IS MODIFIED OR AMENDED FROM ITS ORIGINAL FORM

Employee Name (printed) _____ JAC# _____

SECTION I: WAIVER AND ASSUMPTION OF RISK

COVID-19 is a highly contagious respiratory virus that affects people of all ages. This virus can cause long-term medical problems and death regardless of age. This virus spreads through respiratory secretions related to speaking, singing, yelling, coughing, and sneezing. Infected individuals can spread the virus to others. Up to 50% or more of people can be infected without realizing it.

The COVID-19 vaccines are safe and highly effective at preventing death and hospitalization. When large numbers within a population are immunized, viral spread will be significantly limited. Each individual within a community can contribute to this protective approach.

Side effects related to vaccination primarily include pain at the injection site, headache, fever and chills, or body aches that last for about 24 hours.

Choosing to forego vaccination puts one at risk for getting the disease with the associated risk of long-term medical problems or death. Individuals who elect not to be vaccinated against COVID-19 may put others they interact with at risk. Due to this risk to others, JMU reserves the right to require unvaccinated employees who are not fully remote to engage in risk mitigation practices which may include, but are not limited to, wearing masks or other personal protective equipment (PPE), submitting to regular screening tests, prompt notification to the University Health Center of a positive COVID-19 test or known exposure to someone with COVID-19, and isolating or quarantining should they develop or be exposed to COVID-19. By not being vaccinated against COVID-19, you run a greater risk of becoming ill with COVID-19 and will be required to isolate per CDC guidelines if you become infected. Those not vaccinated against COVID-19 and exposed to someone with COVID-19 will be required to quarantine for up to 14 days.

AGREEMENT:

I have read and reviewed the information provided above concerning the risks and benefits of the COVID-19 vaccine. I am unable or have chosen not to be vaccinated and therefore I accept the consequences associated with this decision.

- I agree to engage in reasonable risk mitigation practices as required by the university (including the use of PPE and submission to regular screening tests).
- I agree to promptly notify the University Health Center if I test positive for COVID-19 or have a known exposure to someone with COVID-19.
- I agree to assume the risk that I may be exposed to and become sick from COVID-19, and to hold the university and its employees harmless from the consequence or effects caused by such illness.

I have had the opportunity to read this document and ask questions about it, and now voluntarily sign below to demonstrate my understanding of it and commitment to abide by it.

Signature of Employee

Date

SECTION II: EXEMPTION CERTIFICATION FORM

James Madison University recognizes the exemptions listed below from the mandated COVID-19 vaccination, and may require supporting documentation. Employees seeking an exemption from the mandated COVID-19 vaccination must identify the basis for the requested exemption and complete associated exemption request requirements. Exemption approval is not automatic and you will be notified via email if your exemption request is not approved.

Employee Name (printed) _____ **JAC#** _____

Requested Exemption: __Medical __Religious __Personal __Remote Work
(Complete the corresponding section below)

Section IIA: Medical Exemption

The above-named individual should be exempt from administration of the COVID-19 because it would be detrimental to the individual's health.

Medical basis for the exemption:

Healthcare Provider Printed Name: _____

Healthcare Provider Signature: _____ Date: _____

Healthcare Provider Contact Information: _____

Employee Signature: _____ Date: _____

Note: Requesting an exemption does not equate to registration as an individual with a disability. If you require disability-related accommodations outside of this exemption, you must request reasonable accommodation(s) in accordance with [Policy 1331](#) and as outlined on the [HR ADA Website](#).

Section IIB: Religious Exemption

The administration of the COVID-19 vaccine conflicts with my religious tenets or practices.

Employee Signature

Date

Section IIC: Personal Exemption

For personal reasons I choose not to receive the COVID-19 vaccine.

Employee Signature

Date

Section IID: Fully Remote Work Exemption

I am authorized to work fully remotely, and I will not enter owned or leased university property and will not attend any in-person university sponsored events, programs, or activities. Should my full remote work status change and I have need to enter owned or leased university property or attend an in-person a university sponsored event, program, or activity, I will comply with all university required COVID-19 document submission and mitigation requirements.

Employee Signature

Date

I am the above employee's direct supervisor. The employee is authorized to work fully remotely and has no current or foreseeable employment-related reason to enter university property or attend in person any university sponsored events, programs, or activities.

Supervisor Name Printed: _____

Title: _____

Supervisor Name Signed: _____

Date: _____