Wilmington College

VACCINE ACCOMMODATION REQUEST FORM

_____	_____
Student Name	Date of Request
_____	_____
WC ID Number	
_____	_____
Email	Phone

I am requesting an exemption from the College's mandatory vaccine policy for the following vaccine(s):

☐	COVID-19	☐	Polio (IPV or OPV)
☐	Hepatitis B	☐	Measles, Mumps, Rubella (MMR)
☐	Tetanus Diphtheria Pertussis (Tdap)	☐	Meningococcal (Meningitis)

INSTRUCTIONS

- If you are seeking a **medical accommodation**, please complete **Part 1** and submit the form to your healthcare provider. Your healthcare provider must complete **Part 2** and return the form to you.
- If you are seeking a **religious accommodation**, please complete **Part 3** and provide the supporting information requested.
- If you are seeking a **personal accommodation**, please complete **Part 4** and provide the supporting information requested.
- If you need additional space to complete any section of this form, please use and attach a separate piece of paper to this form and reference the attachment in the space provided.
- Students should submit completed forms to WChealthcenter@wilmington.edu

Wilmington College

PART 1: Medical Accommodation Request

Please provide the qualifying medical condition that your healthcare provider has determined is a contraindication to the selected vaccine(s), consistent with CDC guidelines.

_____

_____

_____

_____

Has your medical condition that is a contraindication to the selected vaccine(s) prevented you from receiving any other vaccine?

☐ No ☐ Yes

If you selected "Yes," please list the other vaccine(s):

_____

Have you ever previously requested and/or been provided an accommodation or exemption from receiving a vaccine as a result of the medical condition described above?

☐ No ☐ Yes

If you selected "Yes," please attach all documentation of the previous request(s) for accommodation or exemption and/or all documentation of the previous accommodation or exemption.

I verify that the information in this request form and within any supporting documentation provided is complete and accurate and I understand that any intentional misrepresentation may result in disciplinary action, up to and including expulsion. I understand that the College may need to obtain additional supporting documentation to further evaluate my request for a medical accommodation. I also understand that my request for an accommodation may not be granted if it is not reasonable or if it creates an undue hardship or direct threat to the College community.

_____ _____

Signature Date

Wilmington College

PART 2: Healthcare Provider Certification

_____	_____
Healthcare Provider Name	Medical Certification
_____	_____
Specialty	Practice Name

_____

Street Address

_____	_____
City, State, Zip Code	Phone Number

Patient Name: _____

I recommend that Patient not receive the following vaccines:

☐	COVID-19	☐	Polio (IPV or OPV)
☐	Hepatitis B	☐	Measles, Mumps, Rubella (MMR)
☐	Tetanus Diphtheria Pertussis (Tdap)	☐	Meningococcal (Meningitis)

Patient should not receive the selected vaccine(s) for the following reason(s) (*please be as specific as possible, including any medical condition that is a contraindication to the vaccine(s), consistent with CDC guidelines*):

_____

_____

_____

_____

_____

_____

Wilmington College

_____

_____

Patient's contraindication to the vaccine(s) is:

☐ Temporary, expiring on: ____/____/_____, or when _____

_____

☐ Permanent

Please attach all supporting medical documentation of Patient's contraindication to the vaccine(s).

Does Patient's medical condition that is a contraindication to the selected vaccine(s) also prevent Patient from receiving any other vaccine?

☐ No ☐ Yes

If you selected "Yes," please list the other vaccine(s):

_____

If you selected "No," please explain why:

_____

_____

_____

_____

_____

I certify that Patient has the above contraindication to the selected vaccine(s), consistent with CDC guidelines, and recommend that he or she not receive the selected vaccine(s).

_____ _____

Signature Date

Wilmington College

PART 3: Religious Accommodation Request

Please describe the sincerely held religious belief or practice that necessitates this request for accommodation from receiving the selected vaccine(s).

_____

_____

_____

_____

_____

_____

_____

_____

Please provide any available supporting documentation. The College may need to obtain additional supporting documentation or discuss the nature of your religious belief(s) and practice(s) with your spiritual leader (*if applicable*) or religious scholars. Please provide the information below of your spiritual leader (*if applicable*):

_____ _____

Name Organization (*if applicable*)

_____

Street Address

_____ _____

City, State, Zip Code Phone Number

Has your sincerely held religious belief or practice prevented you from receiving any other vaccine?

☐ No ☐ Yes

If you selected "Yes," please list the other vaccine(s):

_____

If you selected “No,” please explain why:

_____

_____

_____

_____

_____

Have you ever previously requested and/or been provided an accommodation or exemption from receiving a vaccine as a result of your sincerely held religious belief or practice described above?

☐ No ☐ Yes

If you selected “Yes,” please attach all documentation of the previous request(s) for accommodation or exemption and/or all documentation of the previous accommodation or exemption.

I verify that the information in this request form and within any supporting documentation is complete and accurate. I verify that my religious belief(s) and practice(s) set forth above are sincerely held. I understand that any intentional misrepresentation may result in disciplinary action, up to and including expulsion. I understand that the College may need to obtain supporting documentation regarding my religious belief(s) and practice(s) to further evaluate my request for a religious accommodation. I also understand that my request for an accommodation may not be granted if it is not reasonable or if it creates an undue hardship or direct threat to the College community.

_____ _____

Signature Date

Wilmington College

PART 4: Personal Accommodation Request

I am requesting a personal accommodation from the vaccine noted above because of the following sincerely held personal belief.

_____

_____

_____

_____

By signing below, I verify that the information is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in progressive discipline. I understand that if I am granted an accommodation, the fact that I have received an accommodation may be shared with those at the college who have a need to know. I further understand that decisions made regarding accommodation requests are final.

_____ _____

Signature Date

Wilmington College

ACCOMMODATION DECISION (*FOR COLLEGE USE ONLY*)

Date Received: _____

Accommodation Decision:

☐ Approved

Conditions of approval (*if any*):

_____

_____

☐ Denied

Reason(s) for denial:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____

Signature Date