

TRINITY COLLEGE

Request for Accommodation: Medical Exemption from COVID-19 Vaccination Requirement

Trinity College requires students who intend to live or study on campus during the 2021-2022 academic year to be fully vaccinated against COVID-19, no later than August 23, 2021. This requirement is necessary to protect the health and safety of our students, employees, and our local community. By having a fully vaccinated population, our goal is to be able to provide our students with a robust living and learning experience, similar to the one that existed prior to the pandemic.

Trinity will reasonably accommodate students who have a medical condition that prevents them from complying with this vaccine requirement, unless doing so would pose a direct threat to the community or would impose an undue hardship on the college. Absent an approved accommodation for a medical contraindication, all students living or studying on campus must be vaccinated. Trinity will not grant exemptions for the COVID-19 vaccination based on religious beliefs or philosophical reasons.

To request a medical exemption from the vaccine requirement, the student making the request must complete section 1 below, and **a medical provider must complete section 2, including reasons for the proposed accommodation.** The student must submit the completed form to HealthCenter@trincoll.edu no later than August 2, 2021.

Upon receiving a completed exemption request form, the Health Center will contact the student to discuss the accommodation request, and if necessary, request additional information to process the request. We are committed to engaging directly with any student who requests a medical exemption from the vaccination requirement.

If you have any questions about this form or the status of an accommodation request, or if you need assistance with filling out this form, please contact the Health Center at 860-297-2018.

SECTION 1: TO BE COMPLETED BY STUDENT

Name (print):	Date:
Student ID#:	Cell Phone:

I am requesting a medical exemption from Trinity College’s mandatory COVID-19 vaccination policy.

I verify that the information I am submitting to substantiate my request for exemption is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action.

I further understand that Trinity College is not required to exempt me from the vaccine requirement as an accommodation if doing so would pose a direct threat to myself or others in the community or would impose an undue hardship for Trinity College.

APPLICABLE TO ALL APPROVED APPLICATIONS:

I understand the risks of being non-immunized from COVID-19 in a densely populated campus environment where I will come into close contact with others who might carry and/or transmit the COVID-19 virus, and I have had an opportunity to discuss this risk with a medical provider. If my application is approved and I choose not to be vaccinated, I release Trinity College and its trustees, employees, and agents from all responsibility for any resulting injury or illness I might incur due to contracting COVID-19. I also acknowledge and agree to comply with the following requirements for non-immunized students:

- a. I will always wear a mask outside of my private residential space and restroom.
- b. I will be housed in a single living accommodation (no apartments, quads, townhouses, two-room doubles, etc.).
- c. If I test positive for COVID-19, I may be excluded from campus for a period of 10 days, and if my residence is within a reasonable distance from campus (four hours or less by car), I will be expected to recuperate there.
- d. If illness necessitates my exclusion from campus, I will bear any and all associated expense, and I accept the risk that remote education may not be available during my exclusion.
- e. I will participate in the college provided COVID-19 weekly testing program, at my own expense. The cost of each test will be added to my student account.
- f. My meals may be only grab-and-go and must be eaten at least six feet away from others.
- g. If I travel off campus for any reason, I will inform the staff in the office of Student and Community Life.

I certify that the information provided is accurate and complete.

_____ Date: _____

Student signature [required]

_____ Date: _____

(Parent/guardian signature if student is younger than 18.)

SECTION 2: MEDICAL PROVIDER’S CERTIFICATION FOR VACCINATION EXEMPTION

This form is to enable us to obtain the information needed to evaluate your request to be exempt from the mandatory COVID 19 vaccine requirement due to a medical contraindication. Please ask your Health Care Provider (HCP) to complete this form and return it to: HealthCenter@trincoll.edu no later than August 2, 2021.

If we do not receive the medical information requested, by August 2, 2021, a decision regarding your request for exemption will be made using the information available to us.

Instructions to student: Write your name, date of birth and Trinity ID # and give to Provider.

Student name: _____ DOB: _____ Trin ID# _____

Dear Medical Provider,

Trinity College requires students to be vaccinated against COVID-19 as a pre-condition to participate in in-person, on-campus activities for the 2021-2022 school year. The individual named above is a student at Trinity College who is seeking a medical exemption to this policy. Please complete this form to assist Trinity College in verifying a medical contraindication to the vaccination.

Please provide below information related to any medical condition that would prohibit the student named below from receiving one of the COVID 19 vaccines (“Condition”). **You are not requested to provide information about any other medical condition the Patient may have.**

Can the Patient safely receive any of the approved COVID-19 vaccines? If not, please indicate why.

Are you recommending that the Patient not receive a COVID-19 vaccine? Which medical contraindication applies?

This exemption should be:
 Temporary, expiring on: __/__/__, or when _____
 Permanent

I certify the above information to be true and accurate, and request exemption from the COVID-19 vaccination for the above-named individual.

Medical Provider Name (print): _____ Practice Address/Stamp: _____
Medical Provider Signature: _____
Provider Phone: _____
Date: _____