



Landmark College COVID-19 Vaccine Employee Exemption Form

To reduce the transmission of COVID-19 and the possibility of acute illness if an individual is infected, Landmark College will require that all employees and students who will be on campus at any time during the fall semester are fully vaccinated (14 days past the final vaccination) by Wednesday, August 11, 2021.

Information on the COVID-19 vaccines available for use is available from the [Centers for Disease Control](#).

Exemptions for religious and medical reasons will be considered on a case-by-case basis.

- **Medical exemptions:** A medical exemption requires the signature below of a health care practitioner authorized to prescribe vaccines. Students should consult with their healthcare provider about vaccine options and any specific individual recommendations.
- To claim a **religious exemption**, a student must attest to holding religious beliefs opposed to immunizations and acknowledge review of [evidence-based educational material](#) provided by the Vermont Department of Health.

Medical Exemption

_____ Employee Name	_____ Date of birth
_____ Reason for medical exemption	
_____ Printed name of Health Care Practitioner	_____ Telephone #
_____ Signature of Health Care Practitioner	_____ Date

Religious Exemption

By signing this form, I attest to holding religious beliefs opposed to immunizations. I acknowledge that I have reviewed [evidence-based educational material](#) provided by the Vermont Department of Health regarding COVID-19 immunizations including:

- information about the risks of adverse reactions to immunization;
- information that failure to complete the required vaccination increases risk to the person and others of contracting or carrying a vaccine-preventable infection; and
- information that there are persons with special health needs who are unable to be vaccinated, or who are at heightened risk of contracting a vaccine preventable communicable disease, and for whom such a disease could be life-threatening.

_____ Employee Name (printed)	
_____ Signature of Employee	_____ Date

This completed form should be submitted to Human Resources (HumanResources@landmark.edu)