



STUDENT INTERACTIVE PROCESS QUESTIONNAIRE COVID-19 VACCINE EXEMPTION

Essex County College (ECC) is committed to complying with all laws protecting individuals with disabilities or medical conditions, and/or students who are pregnant or breast-feeding. To request an Exemption/Accommodation to ECC's COVID-19 vaccination policy due to a medical condition, pregnancy, or breast-feeding status, please complete **Part 1** of this form, have your healthcare provider complete **Part 2** (the Certification portion), and return it to Enrollment Services.

This information will be used by the College to engage in an interactive process to determine whether you are eligible for an exemption.

Part 1 – To Be Completed by Student (or parent of minor student):

Name (Last, First): _____ ECC# _____

Date of Request: _____

By signing my name below, I verify that I have a medical condition, or am pregnant and/or breast-feeding, and that status precludes me from receiving a Covid-19 vaccination. I also agree to the following:

1. Review

I understand that as a student, my vaccination records are reviewed annually. If an exemption is granted and my medical condition changes to allow vaccination in the future, I understand that this exemption may be terminated.

2. Attendance

I understand that I may be temporarily excluded from classes, programs, extracurricular activities or other campus events in the event during a vaccine-preventable disease outbreak or threatened outbreak.

3. Adherence to ECC Policies

Should I contract a communicable or contagious disease, I will immediately report it to ECC and comply with ECC's isolation and quarantine procedures and remove myself from the ECC community if so advised.

I also understand and agree to comply with and abide by all ECC policies and procedures. This may include requirements relating to the prevention of the spread of COVID-19, including maintaining social distance and wearing a mask while on campus.

Verification and Accuracy

By signing below, I verify that the information I am submitting in support of my request for an accommodation is true, complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I understand and agree that I am subject to ECC's mask/face covering mandate unless I qualify for a medical exemption to the same. I further understand and agree that while I am unvaccinated for COVID-19, I am subject to mandatory weekly COVID-19 testing (PCR test) and will submit my weekly test results to the ECC.

Signature: _____

Date: _____

Print Name: _____

Part 2 – To be completed by Student’s Medical Provider:

Student’s Name: _____

Attention Medical Provider:

ECC requires a COVID-19 vaccination as a condition of enrollment. The abovenamed student is requesting an exemption from this vaccination requirement. A medical exemption from the COVID-19 vaccination may be allowed for certain recognized contraindications, including for a health condition, pregnancy, and/or breast-feeding status.

IMPORTANT NOTE TO HEALTHCARE PROVIDER:

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.

Please complete the form below. Thank you.

The above person should not be immunized for COVID-19 for the following reasons:

Please indicate the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization with the COVID-19 vaccine.

I certify that _____ has the above contraindication and request a medical exemption from the COVID-19 vaccination.

Medical Provider Signature: _____

Date: _____

Print Name: _____

Address: _____

Phone number: _____

AFFIX STAMP BELOW:

Part 3 – To be completed by the College

Date this Request Form Received in Enrollment Services: _____

Interactive Discussion Date(s) if applicable: _____

Exemption/Accommodation granted? _____ Yes _____ No

Describe Exemption/Accommodation:

If Exemption/Accommodation granted, list required alternative safety precautions required: If Exemption/Accommodation not granted, explain why:

Name of College Representative: _____

Signature of College Representative: _____

Date: _____