



## **MEDICAL CONDITION/DISABILITY/PREGNANCY EXEMPTION ACCOMMODATION REQUEST FORM RELATED TO COVID-19 VACCINATION REQUIREMENT**

(Including but Not Limited to Vaccine Exemption Requests)

The Northern New Mexico College (College) is committed to providing equal opportunity to its students and employees without regard to any protected status, as well as a work and learning environment that is free from unlawful harassment, discrimination, and retaliation, pursuant to Policy \_\_\_\_\_.

In furtherance of the College's commitment to complying with all laws protecting individuals with disabilities or medical conditions or who are pregnant or lactating (nursing), upon request, the College is prepared to provide a reasonable accommodation in the form of a vaccine exemption for any known medical condition or disability of a qualified individual which prevents the student or employee from receiving a vaccination and/or any employee who is pregnant and/or lactating. Such reasonable accommodations may include but are not limited to exemptions from the College's mandatory vaccination policy.

Accommodations will be considered so long as they are reasonable and do not create an undue hardship for the College, and/or pose a direct threat to the health or safety of others in the College setting and/or to the requesting party, and in the case of student accommodations does not materially alter the course or curriculum. The student or employee **MUST** submit proper documentation as provided below.

Accommodations for the COVID-19 vaccine based on medical condition/disability/pregnancy status will be considered if the student or employee provides a written certification by a licensed, treating medical provider of one of the following:

1. The applicable CDC contraindication for the COVID-19 vaccine, **or**
2. The applicable contraindication found in the manufacturer's package insert for the COVID-19 vaccine, **or**
3. A statement that the physical condition of the person or medical circumstances relating to the person are such that immunization is not considered safe, indicating the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization with the COVID-19 vaccine.
4. For those who are requesting a vaccine exemption because they are pregnant, a confirmation from a medical provider that they are currently pregnant, **and** ask your provider to complete the requirements under the

“Other” reason in Part 2 of this form if they agree that you should receive a temporary exemption from the vaccine.

To request a reasonable accommodation related to the College’s COVID-19 vaccination policy, including but not limited to vaccination exemption, please do the following:

1. Complete Part 1 of this form
2. Ask your healthcare provider to complete Part 2 of this form, if they agree that an exemption is appropriate, and provide any attachments as requested.
3. Upload ALL of the documentation as part of your request at the following [healthandsafety@nmmc.edu](mailto:healthandsafety@nmmc.edu).

If you have questions about completing this form, please contact the following departments:

<b>STUDENTS WITH A SERIOUS MEDICAL CONDITION, DISABILITY, OR HIGH-RISK PREGNANCY</b>	<b>ALL OTHER REQUESTS</b>
Don Appiarius, PhD Assistant Provost of Student Affairs Phone: 505-747-2255 <a href="mailto:don.appiarius.nmmc.edu">don.appiarius.nmmc.edu</a>	Kenneth Lucero Human Services Director Phone: 505-747-5034 <a href="mailto:kenneth.lucero@nmmc.edu">kenneth.lucero@nmmc.edu</a>

**DO NOT SUBMIT MEDICAL DOCUMENTATION OR PROTECTED HEALTH INFORMATION VIA ELECTRONIC MAIL.**

**PART 1  
TO BE COMPLETED BY COLLEGE STUDENT OR EMPLOYEE**

Name: \_\_\_\_\_

Banner ID: \_\_\_\_\_

Department: \_\_\_\_\_

Title: \_\_\_\_\_

Supervisor Name (if applicable): \_\_\_\_\_

Affiliation (check all that apply):  Student  Faculty/Adjunct  Staff

Requested accommodation (vaccination exemption, schedule change, remote working, etc.):  
\_\_\_\_\_

The physical condition of the student or employee or medical circumstances relating to the individual that necessitates the request for accommodation. Please state, with sufficient detail for independent medical review, the specific nature and probable duration of the medical condition or circumstances that contraindicate vaccination with the COVID-19 vaccine:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any alternate accommodations that might address your needs:  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information I am submitting in support of my request for an accommodation is complete and accurate to the best of my knowledge, and understand that any intentional misrepresentation contained in this request may result in disciplinary action, up to and including termination from employment or expulsion from the College.

I also understand that my request for an exemption and/or accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others or me in the working or learning environment, or if it creates an undue hardship on the College.

Date of Request: \_\_\_\_\_

**PART 2  
TO BE COMPLETED BY INDIVIDUAL'S HEALTH CARE PROVIDER**

Forms completed by the employee will not be accepted.

Patient Name: \_\_\_\_\_

Health Care Provider Printed Name: \_\_\_\_\_

Health Care Provider Signature: \_\_\_\_\_

Health Care Provider Company/Hospital: \_\_\_\_\_

Health Care Provider Phone: \_\_\_\_\_

Health Care Provider Email: \_\_\_\_\_

The Northern New Mexico College requires a COVID-19 vaccine as a condition for a student or employee's return to its physical campuses. The above-named individual is requesting an exemption from this vaccination requirement and/or other accommodation. An exemption from the College's COVID-19 vaccination requirement may be allowed for certain recognized contraindications or conditions.

**Physician/Provider Instructions:** By completing this form, you certify that different methods of vaccinating against COVID-19 have been considered, and that the following medical contraindication precludes any/all vaccinations for COVID-19. Guidance for medical exemptions for COVID-19 vaccination can be obtained from the Advisory Committee on Immunization Practices (ACIP) available at <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>.

***The following are NOT considered contraindications to COVID-19 vaccination:***

- Local injection site reactions after (days to weeks) previous COVID-19 vaccines (erythema, induration, pruritus, pain, etc.)
- Expected systemic vaccine side effects in previous COVID-19 vaccines (fever, chills, fatigue, headache, lymphadenopathy, vomiting, diarrhea, myalgia, arthralgia)
- Vasovagal reaction after receiving a dose of any vaccination
- Being an immunocompromised individual or receiving immunosuppressive medications
- Autoimmune conditions, including Guillain-Barre Syndrome
- Allergic reactions to anything not contained in the COVID-19 vaccines,

including injectable therapies, food, pets, venom, environmental allergens, oral medication, latex, etc

- Breastfeeding
- Immunosuppressed person in the employee's household
- Alpha-gal Syndrome
- **The COVID vaccines do not contain Egg or gelatin, allergies to these substances are not contraindication**