



**MEDICAL EXEMPTION REQUEST – EMPLOYEE**

\_\_\_ I am a faculty/staff/administrator and request a medical exemption from the University's COVID-19 vaccination requirement.

**Employee Name (please type or print):** \_\_\_\_\_

**NetID:** \_\_\_\_\_

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

**Office Phone Number:** \_\_\_\_\_

**Mobile Phone Number:** \_\_\_\_\_

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

**Manager's Name:** \_\_\_\_\_

**Provider Statement** (to be completed by a licensed MD, NP or PA)

The physical condition of the above named individual is such that COVID-19 immunization would endanger life or health.

\_\_\_ This is a temporary exemption (e.g., recent diagnosis of COVID-19 positive). Expiration date: \_\_\_\_\_

\_\_\_ This is a permanent exemption (e.g., chronic illness, allergy).

**Explanation of condition:**

**Provider's Name** (printed): \_\_\_\_\_ **Date:** \_\_\_\_\_

**Provider's Signature** (MD, NP, PA): \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Provider's Address** (City, State & Zip Code): \_\_\_\_\_

I, \_\_\_\_\_, **declare to the best of my ability that the information in this form is true and correct.**  
(Employee Name - printed)

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please email completed document to [EmployeeExemptions@creighton.edu](mailto:EmployeeExemptions@creighton.edu). You can expect a response within five business days by email, and you will also be notified of the enhanced safety measures you must take.

All information provided will be kept strictly confidential. Notice of whether an exemption is granted or denied will be shared with Human Resources and the affected manager for compliance. However, details regarding the nature of the exemption will not be released, and all exemption forms will be kept in compliance with federal law.