LSU
Office of Civil Rights & Title IX

COVID Vaccination Exemption
EMPLOYEE FORM

The purpose of this form is to assist the Office of Civil Rights and Title IX in determining whether a reasonable accommodation is required for an employee with medical condition or a sincerely held religious belief. You will be notified via LSU email if additional information is required or there is any issue that prevents you from receiving an exemption.

EMPLOYEE INFORMATION	
Employee:	Email:
Job Title:	Telephone:
LSU ID Number:	Department:

BASIS FOR ACCOMMODATION

- ○ **No on campus presence.**
  I certify that I work only from home or other remote location and will not be physically present in any LSU facility or grounds.
- ○ **I have taken or started an internationally approved vaccine.**
- ○ **I am a participant in a clinical trial for COVID vaccine and still in the blind period.**
  Once informed that I'm in a placebo group, I understand I must comply with LSU's requirements for vaccination or apply for an accommodation. My blind period will end_____.
- ○ **Medical**
  I am medically unable to receive a COVID-19 vaccine, as documented and supported by my physician certification as evidenced below.
- ○ **Religious**
  Please describe the nature of your religious accommodation request and the basis for your sincerely held religious belief.

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PHYSICIAN'S CERTIFICATION

A physician must certify by letter the employee is unable to receive a COVID 19 vaccine. The letter must include the nature of and rationale for the condition prohibiting vaccination. Requests will not be reviewed or approved until such documentation is received by the Office of Civil Rights and Title IX. Official response will be sent to the employee's official LSU email address.

SIGNATURE	
Employee:	Date:

Return form to LSU, Office of Civil Rights and Title IX, 118 Himes Hall, Baton Rouge LA 70803.
employeeacc@lsu.edu (225) 578-9000 phone (225) 578-4442 FAX