



Pratt Institute Human Resources
 200 Willoughby Avenue
 Myrtle Hall
 Brooklyn, NY 11205
 Phone: 718-636-3787
 Fax: 718-636-3632
 benefits@pratt.edu

COVID Vaccination Exemption Request Form

Name: _____
Last First MI

Pratt ID #: _____

All Pratt faculty and staff must be fully vaccinated against COVID-19 unless an exemption has been granted on the basis of a medical contraindication or religious tenets or beliefs.

I am requesting the an exemption from the required immunization requirements (select one reason below and provide the required information):

Medical Exemption

I certify that the person named on this form is medically exempted from the COVID-19 vaccines

Reason: _____

This contraindication is permanent: ____ OR temporary: ____ and expected to preclude the COVID-19 vaccination until: Date: ____ / ____ / ____ .
Month Day Year

Print name of licensed health care provide (MD/DO/PA/ARNP) Signature/Stamp or Provider Date

If a licensed physician, physician assistant, or nurse practitioner, or licensed midwife caring for a pregnant faculty/staff member certifies in writing that the faculty/staff member has a health condition which is a valid contraindication to receiving a specific vaccine, then a permanent or temporary (for resolvable conditions such as pregnancy) exemption may be granted. This statement must specify that the COVID immunization which may be detrimental and the length of time they may be detrimental. Provisions need to be made to review records of temporarily exempted persons periodically to see if contraindications still exist.

Religious Exemption

I request exemption from the COVID-19 vaccine, a written statement must accompany this form.

A faculty/staff member may be exempt from vaccination if, in the opinion of the institution, that the faculty/staff member holds a genuine and sincere religious beliefs which are contrary to the practice of immunization. Requests for exemptions must be written and signed by the faculty/staff member. The institution may require supporting documents. It is not required that a religious exemption statement be notarized.

I certify that the information provided here is correct and verifiable, I understand that since the faculty/staff member has not been fully immunized against COVID (as indicated above, for medical or religious reasons), the faculty/staff member may be at risk of infection from and will be excluded from the institute campus if deemed necessary by the Institute. This form is subject to approval by Pratt Human Resources.

Signature of Faculty/Staff

Date