



Medical Information Request and Verification Form

Dear Healthcare Provider,

I, _____, am an employee of Lehigh University and I have submitted (or intend to submit) a request for a **medical exemption from the University's COVID-19 vaccine requirement**. As part of the process, I am required to submit a statement from my healthcare provider explaining the medical basis for my exemption request and recommending that I be exempt from the COVID-19 vaccine requirement.

Background

Lehigh University is requiring all faculty and staff to receive the COVID-19 vaccine unless approved for a religious or medical exemption. The University follows CDC guidelines for indications, contraindications and precautions to vaccination. This includes the recommendation that individuals who have had a prior COVID-19 infection be vaccinated after their recovery.

Please provide your responses to the following:

Questions to clarify basis of exemption request

1. Please explain the medical condition/basis for this employee's request to be exempt from the COVID-19 vaccination requirement.

2. Do you recommend that this employee be exempt from the COVID-19 vaccine requirement?

3. Any additional information or comments:

Signature and Contact Information

Healthcare Provider Name

Telephone Number

Address

Email Address

Healthcare Provider Signature

Date

Please return this form, along with any additional information that may be useful in processing this request, to either the employee or to the following Lehigh University office:

Office of Human Resources

Attn: Linda Lefever/ Patricia Mann

306 S. New Street, Suite 437

Bethlehem, PA 18015

Tel: (610) 758-3900

Fax: (610) 758-6226

Email: invax@lehigh.edu