



Request for Medical Exemption from Vaccination

To request an exemption from required vaccinations, please complete section 1 below and have your medical provider complete section 2 before returning this form to wilderness_medicine@nols.edu.

Section 1

Name (print):	Course Dates:
Course:	Course Location:
Email:	Phone:

I am requesting a medical exemption from NOLS's mandatory vaccination policy for the COVID-19 vaccination(s).

I verify that the information I am submitting to substantiate my request for exemption from NOLS's vaccination policy is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including expulsion from the course with no refund or transfer of tuition money.

I further understand that NOLS is not required to provide this exemption accommodation if doing so would pose a direct threat to myself or others in the course or would create an undue hardship for NOLS.

Student Signature:	Date:
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Section 2

Medical Certification for Vaccination Exemption

Student Name: _____

Dear Medical Provider,

NOLS requires vaccination against COVID-19 as a condition of enrollment on a Wilderness Medicine course. These 2 to 30 day medical training courses involve close proximity and physical contact. The individual named above is seeking an exemption to this policy due to medical contraindications.

Please complete this form to assist NOLS in the reasonable accommodation process.

Medical exemptions/accommodations for the COVID-19 vaccine will be considered if the student provides a written certification by a licensed, treating medical provider [a physician (MD or DO), nurse practitioner (NP), or physician assistant (PA)], 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,
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, and indicating the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization with the COVID-19 vaccine.

<p>The person named above should not receive the COVID-19 vaccine due to:(please reference items 1 - 3 above):</p>
<p>This exemption should be:</p> <p><input type="checkbox"/> Temporary, expiring on: __/__/__, or when _____</p> <p><input type="checkbox"/> Permanent</p>

I certify the above information to be true and accurate, and request exemption from the COVID-19 vaccination for the above-named individual.

Medical Provider Name (print):	
Medical Provider Signature:	Date:
Practice Name & Address:	Provider Phone:

HR USE ONLY

Date of initial request: __/__/__

Date certification received: __/__/__

Accommodation request:

Approved __/__/__

Describe specific accommodation details:

Denied __/__/__

Describe why accommodation is denied:

Religious Exemption Request Form

Section 1

Name (print):	Course Dates:
Course:	Course Location:
Email:	Phone:

Requested accommodation:

Exemption from COVID-19 vaccination

Length of time the accommodation is needed: _____

Describe the religious belief or practice that necessitates this request for accommodation:

I have read and understand NOLS's policy on religious accommodation. My religious beliefs and practices, which result in this request for a religious accommodation, are sincerely held. I understand that the accommodation requested above may not be granted but that the company will attempt to provide a reasonable accommodation that does not create an undue hardship on the company. I understand that NOLS may need to obtain supporting documentation regarding my religious practice and beliefs to further evaluate my request for a religious accommodation.

Student signature: _____ Date: _____

HR USE ONLY

Date of initial request: __/__/__

Date certification received: __/__/__

Accommodation request:

Approved __/__/__

Describe specific accommodation details:

Denied __/__/__

Describe why accommodation is denied:

Accommodation Agreement Form

I understand that I have been granted an exemption to NOLS's COVID-19 Vaccination Policy. In order to attend the NOLS Wilderness Medicine course I have selected, I will need to:

- Bring a negative PCR or antigen test taken within 72 hours of the course start when I arrive at my course.
- Wear a KN95 mask at all times during the course. NOLS will provide the KN95.
- On Wilderness Medicine classroom courses longer than five days, I will need to obtain and submit a rapid COVID test taken on day 6.

I understand that failure to comply with these accommodations may result in my expulsion from the course with no refunds or transfers of tuition money.

Student Name (printed)

Course

Student Signature

Date