



Employee Vaccination Temporary Medical Extension Request

Nebraska Wesleyan University requires COVID-19 vaccination for all employees. Vaccinations are important to the health and safety of the NWU community. The risk of contagious diseases includes others on campus, not only the unvaccinated individual. Only documented medical or religious exemptions from the required COVID-19 vaccine are allowed.

In some circumstances, employees may have a medical need for additional time to comply with this requirement. To request a **medical extension** of the vaccination deadline, the employee should submit this Medical Extension Request along with any relevant documentation to Maria Harder (mharder@nebrwesleyan.edu), Assistant Vice President of Human Resources or Jennifer Agee (jagee@nebrwesleyan.edu), Director of Environmental Health and Safety. Once all of the required paperwork has been submitted, the request will be reviewed.

Note that this process is for an extension, not an exemption. Employees may seek a medical or religious exemption from the vaccine requirement using the **Employee Vaccination Exemption Request form**.

Signing the Extension Request is an indication that the employee agrees to come into compliance with the vaccination policy within two weeks of the conclusion of the circumstance for which the extension is requested. Unvaccinated employees who have supplied an applicable Exemption Form will still be required to provide a weekly COVID-19 PCR test result. PCR Saliva testing is available on-campus at no cost.

Extension Request and Timeline

Please fill out and sign the appropriate section and submit to the Human Resources Office: mharder@nebrwesleyan.edu. Requests for a temporary medical extension require signature by the employee's medical provider.

Employee Name (print): _____

Home phone: _____ Work phone: _____

Employee Supervisor: _____

I am requesting an extension of the timeline for submission of my vaccination records due to a **temporary medical circumstance**. By signing below, I commit to receiving the delayed COVID-19 vaccine within **two weeks** of the deadline indicated by my medical provider below and agree to notify Human Resources when I have completed the vaccination requirement.

Employee signature Date

Provider Statement (required)

The physical condition of the above-named employee is such that immunization would endanger the employee's health. This is a temporary condition with an expected expiration date of: _____.

Provider signature Date Signed

Provider Printed Name and License Number Provider Phone