

**DEFERRAL REQUEST FORM**  
 Deferral of SARS-CoV-2 (COVID-19) Vaccination Requirement

EMPLOYEE/STUDENT NAME	EMPLOYEE/STUDENT ID
JOB TITLE (IF APPLICABLE)	LOCATION
DEPARTMENT (IF APPLICABLE)	SUPERVISOR (IF APPLICABLE)
PHONE NUMBER	EMAIL

***This form should be used by University employees and students to request a Deferral of the COVID-19 vaccination requirement in the University’s [SARS-CoV-2 Vaccination Program Policy](#) during pregnancy.***

I am currently pregnant and am requesting a Deferral of the COVID-19 vaccination requirement during my pregnancy. My anticipated due date is: \_\_\_\_\_.

**While my request is pending, I understand that I must comply with the Non-Pharmaceutical Interventions (e.g., face coverings, regular asymptomatic testing) for unvaccinated or not fully vaccinated individuals as a condition of my Physical Presence at any University Location/Facility or Program. These required Non-Pharmaceutical Interventions are defined by my Location’s public health, environmental health and safety, occupational health, or infection prevention authorities, including the Location Vaccine Authority. I also understand that I must comply with any additional Non-Pharmaceutical Interventions applicable to my circumstances or position, as required by my Location. If my request is granted, I understand that I will be required to comply with Non-Pharmaceutical Interventions specified by my Location as a condition of my Physical Presence at any University Location/Facility or Program.**

**I verify the truth and accuracy of the statements in this request form.**

Employee/Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received by University: \_\_\_\_\_ By: \_\_\_\_\_