

UNIVERSITY OF WYOMING
DEPARTMENT OF HUMAN RESOURCES

Dept. 3422
1000 E. University Ave.
Laramie, WY 82071

MEDICAL EXEMPTION TO MANDATORY
COVID-19 IMMUNIZATION REQUIREMENT

Please return completed Medical Exemption to [Human Resources Benefits Office](#).

Name _____
Last First Middle

Department _____ Employee # _____

Phone Number _____

Permanent Address _____
Street address/PO Box City/State/Zip code/Country

Date

I, _____, certify that I am requesting a waiver to the mandatory COVID-19 vaccine due to the existence of a medical contraindication. I understand that if an outbreak of this illness occurs on the UW campus, employees with a medical exemption may be excluded from campus for the duration of the outbreak or required to take other measures as determined by University officials.

Signature _____

Medical exemption **REQUIRES THE SIGNATURE OF A MEDICAL PROVIDER**

The above employee is exempt from the COVID-19 immunization requirement due to the following medical contraindication:

Medical Provider Signature

Date