



Employee Vaccine Accommodation Request Form

Division of Talent & Inclusion
100 Institute Road
Worcester, MA 01609

Questions? talent@wpi.edu or 508-831-5470

I, _____, am an employee, volunteer, or contractor at Worcester Polytechnic Institute (WPI). I hereby request an accommodation to WPI's COVID-19 vaccination requirement because of:

- My disability or medical condition. All requests for disability accommodations for the COVID-19 vaccination must be accompanied by a letter signed by your medical provider certifying that the medical provider has personally examined you and specifying the medical reasons why you should not be vaccinated against COVID-19. *Please describe the basis for your disability accommodation request:*

- My sincerely held religious belief, practice, or observance. I hereby certify that taking the COVID-19 vaccine would conflict with or violate my sincerely held religious beliefs. *Please describe the religious basis for your religious accommodation request:*

I understand that if my accommodation request is granted then WPI may require me to follow public health protective measures that may not be required of vaccinated individuals, including face coverings, testing, social distancing, quarantine, isolation, etc.

I swear under the **PENALTIES OF PERJURY** that the information on this form is truthful, complete, and accurate.

Name (print)

WPI Email

Signature

Date (month/day/year)*

Address

Employee ID

City, State, Zip Code

Please email this completed accommodation request and letter from your medical provider, if required, to talent@wpi.edu.

* Accommodation request expires one year from date of signature.