

Chaffey College

COVID-19 Vaccination Deferral Request for Pregnant Individuals

If you are pregnant and wish to seek a deferral from the Chaffey College COVID-19 Vaccine Mandate, please consult with your physician and complete this form.

The information provided herein will be kept confidential in the Office of Human Resources and will only be shared with those managers who have a need to know.

Employee

Please provide the following information:

Name: _____

E-mail: _____ Phone No.: _____

Department: _____ Title: _____

Immediate Supervisor: _____

Physician's Name: _____ Physician's Phone No.: _____

Physician's Address: _____

Employee Verification

I verify that the information I am submitting in support of my request for a deferral is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action.

I understand that the information provided may be used by Human Resources to determine eligibility for a deferral from the Vaccine Mandate and to identify possible reasonable accommodations.

Employee Signature: _____ Date: _____

Print Name: _____

Physician

Dear Physician:

In order to promote a safe and healthy work and academic environment, Chaffey Community College District has set forth directives and policies requiring that employees obtain a COVID-19 vaccine. A medical deferral from COVID-19 vaccination is allowed for pregnant individuals. Please complete the following:

Patient/Employee's Name: _____

Physician Certification

I certify that the individual listed above is pregnant and cannot safely receive any of the three (Pfizer, Moderna, or Johnson & Johnson) COVID-19 vaccines until:

_____.

Additional Physician Comments (if necessary): _____

Physician Signature: _____ Date: _____

(Note: Signature Stamp Not Acceptable)

Physician Medical License No.: _____

*Please submit this completed form to: susan.hardie@chaffey.edu