



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

Print Name:	Date:
Email:	
<input type="checkbox"/> Faculty <input type="checkbox"/> Student	<input type="checkbox"/> Danville <input type="checkbox"/> Charleston

This form should be used by Lakeview College of Nursing faculty and students to request a Deferral of the COVID-19 vaccination requirement 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 NonPharmaceutical Interventions (e.g., face coverings, distancing, testing as required) for unvaccinated or not fully vaccinated individuals as a condition of my Physical Presence at either College location or any clinical placement facility. These required NonPharmaceutical Interventions are defined by the public health, environmental health, and safety, occupational health, or infection prevention authorities, including clinical agencies. I also understand that I must comply with any additional Non-Pharmaceutical Interventions applicable to my circumstances or position, as required by the College or clinical placement facility. If my request is granted, I understand that I will be required to comply with Non-Pharmaceutical Interventions specified by the College or clinical agency as a condition of my Physical Presence at either College location or clinical agency.

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

Employee/Student Signature: _____ Date: _____

Date Received by College: _____ By: _____