

SARS-CoV-2 (COVID-19) eduWeb Summit 2022 Attendee Accommodation or Exemption Request Form

The COVID-19 pandemic is an established public health risk. To maximize the health and safety of the community, proof of vaccination for the SARS-CoV-2 virus is required for all eduWeb Summit attendees (including exhibitors and sponsors).

To receive an exemption from the COVID-19 immunization requirements, this form must be submitted to info@eduwebsummit.com no later than July 22, 2022.

PLEASE COMPLETE ALL OF THE FOLLOWING SECTIONS

Attendee Information

First Name:

Last Name:

Email Address:

Phone Number:

Institution/Organization/Company:

ACCOMMODATION OR EXEMPTION REQUEST

eduWeb Summit 2022 attendees requesting an exemption from eduWeb's COVID-19 vaccination policy must select one of the following reasons to request an accommodation or exemption from getting the COVID-19 vaccination.

I am seeking an accommodation or exemption from receiving the COVID-19 vaccination for the following reason (CHOOSE ONLY 1):

A disability covered by the Americans with Disabilities Act (ADA) (*supporting documentation required*).

Reason for the Accommodation:

Please attach all supporting documents.

An underlying medical condition (*supporting documentation required*).

Reason for the Accommodation:

Please attach all supporting documents.

___ A sincerely held religious belief, observance, or practice (*supporting documentation required*).

Reason for the Accommodation:

Please attach all supporting documents.

If you are unable to provide documentation, please provide an explanation below.

I understand that I will not be denied services due to this election but acknowledge that this election may establish additional requirements to receive services (i.e., COVID-19 testing, asymptomatic testing, temperature screening, and symptom screenings) or exclusion from specific eduWeb environments or events in times of emergency or epidemic declared by the Centers for Disease Control and Prevention, Commissioner of Public Health, or eduWeb executive leadership.

I certify that I am signing for myself, and that the information provided here is true and correct.

Signature:

Printed Name:

Date of Signature: