

The Loyd E Williams Pipe Trades Training Center  
REQUEST FOR RELIGIOUS EXEMPTION OR ACCOMMODATION  
COVID-19 VACCINATION

Please

1. Complete the first section of this form, print it out and sign it.
2. Please submit this form to [hello@pttc.edu](mailto:hello@pttc.edu)

The Loyd E Williams Pipe Trades Training Center (PTTC) is committed to providing an academic environment that is free of unlawful harassment, discrimination, and retaliation. The PTTC is committed to complying with all laws protecting students' and employees' medical conditions or religious beliefs and practices.

When requested, the PTTC will provide an exemption or reasonable accommodation for an individual's documented medical condition or religious beliefs and practices which prohibit the individual from receiving a vaccine, provided the requested accommodation is reasonable and does not create an undue hardship for the PTTC, and provided that it does not pose a direct threat to the health or safety of the requesting individual or of others in the PTTC community.

In considering this request, the PTTC may need to obtain additional information or documentation and may need to discuss the nature of your religious beliefs with your religious adviser or other religious scholars. This information will be used by the PTTC to engage in an interactive process to determine eligibility for, and to identify, possible accommodations.

By submitting this request, you are asserting that the information is complete and accurate to the best of your knowledge, and that you understand intentional misrepresentation may result in disciplinary action and/or punishment by law.

**Section 1: Information from the Applicant Requesting the Exemption**

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(First name)

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(Last name)

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(Mailing address)

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(Email address)

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(Phone number)

*Continued on next page*

I am requesting an exemption from the requirement for COVID-19 vaccination on the following religious grounds. (Please explain how the vaccination interferes with your religious beliefs.)

I understand that if I receive an exemption, I may be subject to certain conditions for coming to campus. I also understand that my request for an accommodation may not be granted if it is not reasonable and/or verifiable, or if it poses a direct threat to the health or safety of others or to me, or if it creates an undue hardship on the PTTC.

If I do qualify for a religious or medical exemption, I understand that I will be required to comply with the following conditions

- I will practice social distancing and wear a face covering at all times, both indoors and outside, while I am on campus. The face covering will cover the nose, mouth, and chin.
- I will undergo regular testing for COVID-19 infection once a week or at an interval determined by the PTTC.
- If I test positive for COVID-19, I will quarantine at home for 10 days. During that time, I will attend classes via online educational software.
- If I am exposed to someone with COVID-19, I will quarantine at home for 10 days.
- If there is an outbreak of COVID-19 on campus, I may be asked to leave temporarily for my safety or the safety of others.
- I am responsible for any financial or academic burdens that may result from the above conditions.

I understand that if I decide to be vaccinated in the future, I should discuss the risks and benefits with my medical provider.

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(Student or employee signature)

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(Date)

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(Parent or guardian's signature if applicant is under 18)

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(Parent or guardian's name if applicant is under 18):

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(Date)

**Section 2: PTTC Reviewer's Notes**

On what date was this request received?

Was the exemption granted?

Yes

No

What accommodations or alternative conditions were imposed?

If exemption was not granted, what is the reason?

\_\_\_\_\_  
(Date of decision)

\_\_\_\_\_  
(Name of reviewer)

\_\_\_\_\_  
(Signature)

The Loyd E Williams Pipe Trades Training Center  
REQUEST FOR MEDICAL EXEMPTION OR ACCOMMODATION  
COVID-19 VACCINATION

Please

1. Complete the first section of this form, print it out and sign it.
2. Ask your medical provider (licensed M.D., D.O., P.A. or N.P.) to complete and sign the second section.
3. Please submit this form to [hello@pttc.edu](mailto:hello@pttc.edu)

The The Loyd E Williams Pipe Trades Training Center (PTTC) is committed to providing an academic environment that is free of unlawful harassment, discrimination, and retaliation. The PTTC is committed to complying with all laws protecting students' and employees' medical conditions or religious beliefs and practices.

When requested, the PTTC will provide an exemption or reasonable accommodation for an individual's medical condition or religious beliefs and practices which prohibit the individual from receiving a vaccine, provided the requested accommodation is reasonable and does not create an undue hardship for the PTTC, and provided that it does not pose a direct threat to the health or safety of the requesting individual or of others in the PTTC community.

In considering this request, the PTTC may need to obtain additional information or documentation and may need to discuss the nature of your medical condition with your medical provider. This information will be used by the PTTC to engage in an interactive process to determine eligibility for, and to identify, possible accommodations.

By submitting this request, you are asserting that the information is complete and accurate to the best of your knowledge, and that you understand intentional misrepresentation may result in disciplinary action and/or punishment by law.

**Section 1: Information from the Student or Employee Requesting the Exemption**

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(First name)

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(Last name)

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(Mailing address)

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(Email address)

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(Phone number)

I am requesting an exemption from the requirement for COVID-19 vaccination on the following medical grounds. (Please briefly explain the medical reason for your request; your medical provider – licensed M.D., D.O., P.A. or N.P. – will need to verify this below.)

I understand that if I receive an exemption, I may be subject to certain conditions for coming to campus. I also understand that my request for an accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health or safety of others or to me, or if it creates an undue hardship on the PTTC.

If I do qualify for a religious or medical exemption, I understand that I will be required to comply with the following conditions

- I will practice social distancing and wear a face covering at all times, both indoors and outside, while I am on campus. The face covering will cover the nose, mouth and chin.
- I will undergo regular testing for COVID-19 infection once a week or at an interval determined by the JATC.
- If I test positive for COVID-19, I will quarantine at home for 10 days During that time, I will attend classes via online learning management software.
- If I am exposed to someone with COVID-19, I will quarantine at home for 10 days.
- If there is an outbreak of COVID-19 on campus, I may be asked to leave temporarily for my safety or the safety of others.
- I am responsible for any financial or academic burdens that may result from the above conditions.

I understand that if I decide to be vaccinated in the future, I should discuss the risks and benefits with my medical provider.

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(Student or employee signature)

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(Date)

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(Parent or guardian’s signature if applicant is under 18)

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(Parent or guardian’s name if applicant is under 18)

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(Date)

**Section 2: Information from the Medical Provider (licensed M.D., D.O., P.A. or N.P.) for the Person Requesting the Exemption**

I hereby certify that the above-named individual has a medical condition that contraindicates use of a COVID-19 vaccine.

The following conditions apply: (please check one)

- There is an applicable CDC contraindication to the vaccine.
- There is an applicable manufacturer's insert contraindication to the vaccine.
- This individual has a physical condition or medical circumstance such that vaccination is not considered safe.

I would describe the relevant contraindication, physical condition or medical circumstance as follows:

The contraindication, physical condition or medical circumstance referenced above is:

- Permanent
- Temporary

If temporary, the date when this condition is expected to end is: \_\_\_\_\_

I recommend the following ADA accommodations to address this person's medically necessary exemption to COVID-19 requirements enacted by the college, county, or state:

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(Medical provider's name)

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(Medical license number)

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(State or country that issued the medical license)

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(Signature)

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(Date)

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(Address of medical practice)

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(Phone number of medical practice)

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(Email address for medical practice)

**Section 3: PTTC Reviewer's Notes**

On what date was this request received?

Was the exemption granted?

- Yes
- No

What accommodations or alternative conditions were imposed?

If exemption was not granted, what is the reason?

\_\_\_\_\_ (Date of decision)

\_\_\_\_\_ (Name of reviewer)

\_\_\_\_\_ (Signature)