



REQUEST FOR MEDICAL/DISABILITY EXEMPTION FROM COVID-19 VACCINE REQUIREMENT

MINT policy requires all in-person participants at the 2022 Annual Events (Training of New Trainers, MINT Forum, PreForum Workshops) to be vaccinated against COVID-19. Individuals may request an exemption from the vaccination requirement due to a medical condition or disability using this form.

Signing this form constitutes your declaration that the information provided below is true and correct to the best of your knowledge and belief.

To request a medical or disability exception from the COVID-19 vaccination requirement:

1. You must complete Part 1 of this form; and
 2. Your health care provider must complete Part 2 of this form.
-

PART 1 – TO BE COMPLETED BY THE INDIVIDUAL REQUESTING A MEDICAL/DISABILITY EXEMPTION

I am requesting an exemption from the COVID-19 vaccination requirement because of a qualified medical condition or disability under title III of the Americans with Disabilities Act.

| | |
|-----------|---------------|
| Name | Email Address |
| Signature | Date |

PART 2 - TO BE COMPLETED BY THE INDIVIDUAL'S HEALTH CARE PROVIDER

Dear Health Care Provider:

The individual named above is requesting an exception to the COVID-19 vaccination requirement for all in-person participants at the 2022 MINT Annual Events due to a medical condition or disability. Your assistance is requested to support this exemption request.

Please answer the following as it relates to the individual named above:

Does this individual have a medical condition or disability that prevents them from being safely vaccinated for COVID-19?

- YES, the individual has a medical condition or disability that prevents them from being safely vaccinated for COVID-19.**
- NO, the individual does not have a medical condition or disability that prevents them from being safely vaccinated for COVID-19.**

| | |
|--------------------------------|--------------------------------|
| Health Care Provider Name | Health Care Provider License # |
| Health Care Provider Signature | Date |