



STAFF VACCINE EXEMPTION APPLICATION

Principles:

1. To return to the Rhodes University Campus in 2022, all staff and students are required to be vaccinated or be in possession of a Vaccine Exemption Certificate granted by the University Vaccine Exemption Committee.
2. Employees and students who cannot be vaccinated on medical grounds or choose not to be vaccinated on religious grounds, **must apply for a Vaccine Exemption Certificate between 01 January and 01 March 2022.**
3. Exemption will be granted only if the applicant can be reasonably accommodated within their Faculty and/or place of work.
4. No exemptions will be granted to staff and students within the residence system.
5. Incomplete applications that do not include a comprehensive motivation and supporting documentation will not be considered.

Section A

POPI ACT CONSENT FORM

1. I, _____ [insert full names] _____ the undersigned, hereby consent to Rhodes University keeping, storing and maintaining my Personal Information including but not limited to my medical and/or Vaccination history and records.
2. I consent to my medical and vaccination information being kept on my file/records.
3. I further consent to a copy of my Vaccination Card/Certificate being kept on file.
4. I understand that this information is required by the University and is needed to enhance the safety of the work and learning environment and I provide this information willingly.
5. I further indemnify and hold harmless the University from any loss that I may suffer in the event that there is a breach of any of the IT systems and my Personal Information is subsequently made public.

Signature: _____

Name: _____

Date: _____

Staff number: _____

Section B

VACCINE EXEMPTION APPLICATION

I, _____ [insert full names] _____ the undersigned, seek to apply for an exemption from the University's Vaccine Exemption Implementation Protocol related to receiving the COVID-19 Vaccine.

The reason for this application for exemption in terms of the Rhodes University Vaccine Exemption Protocol is based on the following:

1. Medical Grounds

My General Practitioner and/or specialist has advised against the taking of the COVID-19 Vaccine given that I suffer from the following conditions and/or diseases.

[insert full details]

I attach my medical certificate of confirmation provided by my General Practitioner and/or specialist and other relevant documentation in support of the above application:

Any other information that I believe will assist the University in considering my application:

No:	Description
1	
2	
3	

Consent to medical examination

1. I, _____ the undersigned, have sought an exemption from receiving the COVID-19 Vaccine and in accordance with my previous reasons for such exemption. I am required to submit myself for further medical evaluation, which I hereby agree to and to which I consent.
2. I further consent to submitting myself to an independent general practitioner or specialist of the University's choice (if need be) and further to the general practitioner or specialist's report or medical certificate being furnished to the University.

Signature: _____

Name: _____

Date: _____

Staff number: _____

2. Religious Grounds

I, _____ [insert full names] _____ the undersigned, seek to apply for an exemption from the University's Vaccine Exemption Implementation Protocol related to receiving the COVID-19 Vaccine.

The reason for this application for exemption in terms of the Rhodes University Vaccine Exemption Protocol is based on the following:

[insert full details]

I have attached the following documentation (e.g. evidence of previous vaccine exemptions; sworn affidavit from my religious leader; proof of religious doctrine on vaccination) in support of this application:

Any other information that I believe will assist the University in considering my application:

No:	Description
1	
2	
3	

3. Proposed Reasonable Accommodation within the workplace

Provide details of proposed reasonable accommodation within place of work

[insert full details]

I attach a copy of my current job profile.

I confirm that the information provided here is true and correct.

Signature _____ Date _____

Full Name: _____

Staff number: _____

Email Address _____

Job title _____

Department/Division _____

Line Manager's Name _____

Line Manager's email address _____

