



## Association of American Law Schools

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### **AALS 2022 Workshop for New Law School Teachers SARS-CoV-2 (COVID-19) 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 AALS attendees, speakers and exhibitors attending the in-person workshop.

To receive an exemption from the COVID-19 immunization requirements for this in-person meeting, this form must be submitted to AALS Human Resources at [awood@aals.org](mailto:awood@aals.org) no later than **May 27, 2022** in advance of the workshop.

#### **PLEASE COMPLETE ALL OF THE FOLLOWING SECTIONS**

##### **ATTENDEE INFORMATION**

First Name:

Last Name:

Email:

Address:

Phone Number:

Institution:

##### **ACCOMMODATION OR EXEMPTION REQUEST**

AALS attendees, speakers or exhibitors requesting an exemption from AALS'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 ACE environments or events in times of emergency or epidemic declared by the Centers for Disease Control and Prevention, Commissioner of Public Health, or ACE executive leadership.

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

Signature:

Date of signature:

(Please type your name in the signature box.)