

Request for visitor vaccination exception

Please complete the following information and submit this form to your designated [Health and Safety Leader \(HSL\)](#) 7-10 days prior to the visitor's planned visit to campus as indicated below. If you have any questions, please contact your designated HSL. **Please note that you may not proceed with the visit until receiving approval from your HSL.** (Approved forms must be submitted to CRT by the HSL.)

| | |
|---------------------------------------------------------------------------------------------------|-------------------|
| What date(s) will the visitor be on campus? | |
| Is this a short-term visitor or a longer term visitor ? | |
| Short-term visitor | Long-term visitor |
| Host Name: | |
| Host NetID: | |
| Department: | |
| Phone number: | Email address: |
| Name of designated Health and Safety Leader (HSL): | |
| Can work be completed virtually or deferred until Yale's visitor and travel policies change? | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| If no, please provide reason: | |
| Visitor name (include NetID, if applicable): | |
| Company name: | |
| Does this visitor possess unique expertise? If so, please describe. | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Originating location (city/state): | |
| Campus address where visit will occur (include street address, building name, room number, etc.): | |

Describe the compelling need for the on-campus visit (speakers, special expertise, emergency repair, completion of equipment installation, critical calibration, donors, etc.):

Describe the nature of campus interactions with risk characteristics (i.e., in fully segregated spaces; access through Yale common areas (stairs, elevators) to segregated spaces, collocated with Yale personnel, in close proximity to Yale community members for more than 15 minutes):

Describe proposed safety protocols, such as timing the visit to minimize contact with Yale community members, distancing, duration limitation, testing (pre-arrival and arrival), quarantine protocols, etc.:

The visitor has been notified, and has agreed to comply with, Yale's health and safety protocols, including notifying Yale if the visitor tests positive for COVID 19.

Yes ☐ No ☐

Date:

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To be completed by the designated Health and Safety Leader. If you have additional questions or need assistance with your decision, please contact covidreviewteam@yale.edu.

Approved ☐

Denied ☐

Printed name:

Signature:

Date: