

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:

FOR OFFICE USE ONLY

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: