



COVID-19 VACCINE MEDICAL/DISABILITY ACCOMMODATION REQUEST FORM*

In compliance with President Biden's September 9, 2021 Executive Order, Penn State employees, graduate and undergraduate students supported on wage payroll, and students supported on graduate assistantships at University Park and other impacted campuses must be fully vaccinated against COVID-19 by January 4, 2022. Such individuals must comply with this order and submit proof of vaccination unless they are granted an accommodation for medical/disability- or religious-related reasons.

If you are an employee or a student (undergraduate or graduate) supported on wage payroll and have a medical condition that you believe limits or prevents you from receiving a COVID-19 vaccine, please complete this form and submit it to Occupational Medicine (OCC Med) for consideration on or before November 12, 2021. Students supported on graduate assistantships must submit the form to University Health Services (UHS) on or before November 12, 2021. Part II of this form must be completed and signed by your healthcare provider before you submit it to OCC Med or UHS. *Please note that this includes submitting a recently obtained letter from your healthcare provider.*

Your request for a medical/disability accommodation will be carefully reviewed by OCC Med or UHS and, as appropriate, Penn State's ADA Coordinator or Student Disability Resources Office, but approval is not guaranteed. Penn State may request additional supporting documentation or information if needed. Penn State will also weigh the request with community health, safety, and other considerations. If your accommodation is granted, it will be temporary in nature, as there could be a change in future vaccine types, ingredients, and/or COVID-19 variants.

Individuals with an approved accommodation will be required, at a minimum, to comply with all other University COVID-19 policies and protocols designed to mitigate the spread of the virus and safeguard community health and safety, including, but not limited to, COVID-19 testing, masking, physical distancing, and other preventive requirements applicable to unvaccinated employees and others, as found at virusinfo.psu.edu. These testing and preventive requirements may be updated or changed by later notification and/or posting of requirements on the Penn State University website. In the event of an outbreak or other change in the status of the virus, individuals who are not vaccinated may be excluded from all campus facilities, services, programs, and activities in order to protect members of the Penn State community.

After your request has been reviewed and processed, you will be notified, in writing, whether it has been approved, denied, or if more information is needed. The decision is final and not subject to appeal. Individuals are permitted to reapply if new documentation and information should become available.

****Please note that any medical/disability determination and/or accommodation approved through this process is only in relation to the COVID-19 vaccine mandate under Executive Order 14042.***

Penn State University COVID-19 Vaccination Requirement
Medical/Disability Accommodation Request

If you have a medical condition that you believe limits or prevents you from complying with the COVID-19 vaccination requirement and you are requesting an accommodation for the vaccination requirement, please complete the following information and submit it to OCC Med at marequests@psu.edu or for students supported on graduate assistantships submit the form to UHS by logging into myUHS and uploading an image of the completed COVID-19 Vaccination Requirement Medical/Disability Accommodation Request.

Part I (To Be Completed by the Individual Making the Request)

Name:
Date of Request:
PSU Email:
Phone No. (must be able to be reached at this #):
Position/Title/Role:
Unit/Department/College:
Supervisor:
Human Resources Strategic Partner:

Verification:

By signing this form, I verify that the above information is complete and accurate as of the date of submission, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I further acknowledge and understand that if my request for an accommodation is approved and I receive a medical/disability exemption from receiving the COVID-19 vaccine, I will be required, at least and as an accommodation, to comply with COVID-19 testing, masking, physical distancing, and other preventive policies and/or protocols applicable to unvaccinated employees and others, as found at virusinfo.psu.edu. I also understand that my request for a medical/disability accommodation may not be granted if it is fraudulent, not reasonable, or it creates an undue hardship for the University, including increased safety risks for myself and/or others.

I understand that any medical/disability determination and/or accommodation approved through this process is only in relation to the COVID-19 vaccine mandate under Executive Order 14042.

I further understand that by signing this form, if granted an accommodation, my name and vaccination status will be shared to the extent necessary to ensure compliance with the Executive Order and requirements for unvaccinated individuals.

Signature:
PSU Identification Number:
Print Name:
Date:

Part II (To Be Completed by the Individual's Healthcare Provider)

Requestor's Name: _____

MEDICAL CERTIFICATION FOR COVID-19 VACCINE ACCOMMODATION

In compliance with President Biden's September 9, 2021 Executive Order, Penn State employees, graduate and undergraduate students supported on wage payroll, and students supported on graduate assistantships, at University Park and other impacted campuses must be fully vaccinated against COVID-19 by January 4, 2022. The individual named above is seeking a medical exception/accommodation to the requirement for COVID-19 vaccination or a delay because of a temporary condition or medical circumstance.

Please complete this form and attach a letter addressing the information requested below to assist Penn State in its reasonable accommodation process.

If you have questions about completing this form, please contact: Occupational Medicine at psuocmed@psu.edu, or for students supported on graduated assistantships, please contact University Health Services at 814-863-1975.

Please attach a signed letter to this form providing at least the following information, where applicable:

- 1) The applicable contraindication or precaution for COVID-19 vaccination, and for each contraindication or precaution, indicate:
 - a. whether it is recognized by the CDC pursuant to its guidance; and
 - b. whether it is listed in the package insert or Emergency Use Authorization fact sheet for each of the COVID-19 vaccines authorized or approved for use in the United States;
- 2) A statement that the individual's condition and medical circumstances relating to the individual are such that COVID-19 vaccination is not considered safe, indicating the specific nature of the medical condition or circumstances that contraindicate immunization with a COVID-19 vaccine or might increase the risk for a serious adverse reaction; and
- 3) Any other medical condition that would limit the individual from receiving any COVID-19 vaccine.

The Medical Condition or Circumstance Identified is: temporary or long-term (check one)

*If temporary, when is it expected to end or expire (allowing for COVID-19 vaccination to begin after the date you provided): _____

Medical Provider Name/Title: _____

Medical Provider Signature: _____

Date: _____

Phone No.: _____

For OCC Med or UHS use only:

Date Received: _____

Medical/Disability Accommodation Approved? Yes No

Signature of Staff Member Processing Request: _____

Date Request Approved or Denied: _____

Notification provided to Requestor: Yes No

Conditions of Approval (if any):

Reason Denied (If applicable):
