



COVID-19 VACCINE MEDICAL/DISABILITY ACCOMMODATION REQUEST FORM*

For CMS Agency Placement Students Only

In compliance with recent regulations issued by the Centers for Medicare & Medicaid Services (CMS) under the Department of Health and Human Services, Penn State graduate, medical, and undergraduate students who must complete clinical/practicum experiences in agencies and sites that bill patients under Medicare and Medicaid must be fully vaccinated against COVID-19. The deadline to have received all necessary doses of an approved COVID-19 vaccine is 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 by the CMS clinical/practicum hosting agency or, if acceptable to the hosting agency, by the University.

If you 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 University Health Services (UHS) for consideration as soon as possible. Part II of this form must be completed and signed by your healthcare provider before you submit it to 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 UHS and, as appropriate, 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. You will also be required to adhere to all applicable policies and protocols of the CMS clinical/practicum agency.

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.

Note that even if your request for an accommodation is granted by the University, you may still be required to request an accommodation from the clinical/practicum agency directly. Additionally, Penn State cannot guarantee that a University-approved accommodation will be acceptable to any or all clinical/practicum agencies or placement sites, or that clinical/practicum agencies or placement sites will be able to identify reasonable accommodations for vaccine exemption requests. It is solely your responsibility to confirm and discuss accommodations processes and requests with clinical/practicum agencies and placement sites, and to adhere to all clinical/practicum agency/placement site policies and expectations.

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 CMS COVID-19 vaccination requirement and you are requesting an accommodation for the CMS vaccination requirement, please complete the following information and submit it 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 #): _____
Academic Major/Degree Program: _____
Unit/Department/College: _____
Academic/Program Advisor: _____
PSU Campus: _____
CMS Agency Placement Location (if known): _____

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 students 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 I will also be required to adhere to all applicable policies and protocols of the CMS clinical/practicum agency.

I acknowledge and understand that, even if my request for an accommodation is granted by the University, I may still be required to request an accommodation from the clinical/practicum agency directly. I understand that Penn State cannot guarantee that a University-approved accommodation will be acceptable to any or all clinical/practicum agencies or placement sites, or that clinical/practicum agencies or placement sites will be able to identify reasonable accommodations for vaccine exemption requests. I agree that it is solely my responsibility to confirm and discuss accommodations processes and requests with clinical/practicum agencies and placement sites, and to adhere to all clinical/practicum agency/placement site policies and expectations.

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 CMS vaccine mandate 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 recent regulations issued by the Centers for Medicare & Medicaid Services (CMS) under the Department of Health and Human Services, Penn State graduate, medical, and undergraduate students who must complete clinical/practicum experiences in agencies and sites that bill patients under Medicare and Medicaid must be fully vaccinated against COVID-19. The deadline to have received all necessary doses of an approved COVID-19 vaccine is January 4, 2022. The individual named above is seeking a medical exception/accommodation to the CMS 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 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 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):
