



## COVID-19 VACCINE MEDICAL/DISABILITY ACCOMMODATION REQUEST FORM

### For University-affiliated International Travel (Student)

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All students conducting University-affiliated international travel, regardless of the funding source, must be **fully vaccinated** against COVID-19 by the date of departure. People are considered fully vaccinated two weeks after the completion of their primary vaccination series. The University strongly encourages boosters.

Part II of this form must be completed and signed by your healthcare provider before you submit it to University Health Services (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 Penn State UHS, and, as appropriate, Penn State's 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 along with safety, community health, and other considerations. If your accommodation is approved, it indicates only that the University recognizes that you have a medical- or disability-related reason for not being vaccinated against COVID-19 at this time, and such approval is only for the purpose of exploring whether reasonable accommodations exist for your planned or proposed University-affiliated international travel.

Accommodations approved by Penn State offices hold no influence with foreign governments or international educational institutions, many of which have enacted strict vaccination or other protocols. Therefore, students who are not vaccinated, even those who have been approved for a medical/disability-related accommodation by UHS, may face limitations or restrictions in their participation in education abroad programs, including cancellation of their admission, due to regulations by foreign governments or international educational institutions. The Penn State Education Abroad Office will work to determine whether reasonable accommodations can be made for students who have been approved for a medical/disability-related (or religious-related) exemption from the University's COVID-19 vaccination requirement. If reasonable accommodations cannot be identified without fundamentally altering the nature of the educational program or activity, including if significant health and/or safety concerns remain, Penn State reserves the right to rescind the offer of admission to study abroad, regardless of any other unit's approval (including UHS and academic units).

For students planning University-affiliated international travel that is not part of a Penn State Education Abroad program, in the case of an approved medical/disability- or religious exemption from vaccination, the University will explore whether reasonable accommodations can be identified for student participation without fundamentally altering the nature of the educational program or activity. If reasonable accommodations cannot be identified, or if significant health and safety concerns remain, Penn State reserves the right to deny or rescind approval as a university-affiliated international trip. Students who are granted accommodations must work with Penn State Global Safety and the host organization to attempt to identify reasonable accommodations and address any related issues.

Individuals with an approved accommodation for University-affiliated international travel are expected to comply with all University directives designed to mitigate the spread of COVID-19 and safeguard community health and safety, which may include certain limitations or restrictions upon an individual's participation in the programs associated with University-affiliated travel. These directives may be updated upon consideration of all relevant factors. In particular, 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 and/or campus-affiliated 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.

**Penn State University COVID-19 Vaccination Requirement**  
**Medical/Disability Accommodation Request for University-affiliated International Travel**

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 for University-affiliated international travel, please complete the following information and 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)**

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
PSU Email

\_\_\_\_\_  
Phone No. (must be able to be reached at this #)

\_\_\_\_\_  
Travel Destination(s) – List all countries

\_\_\_\_\_/\_\_\_\_\_  
Travel Departure Date / Travel Return Date

\_\_\_\_\_ My international travel is for an education abroad program through Penn State Global.

**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-related exemption from receiving the COVID-19 vaccine for University-affiliated international travel, I am still required to comply with all University directives concerning COVID-19. I also understand that my request for a medical/disability-related 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-related exemption approved through this process is only in relation to the COVID-19 vaccine requirement for University-affiliated international travel, and that I must still work with the Penn State Education Abroad Office to attempt to identify reasonable accommodations for such travel and related programming. I understand that, in some situations, reasonable accommodations may not be possible without presenting undue hardship or fundamental alterations to the study/travel abroad program and in such case my admission to travel abroad may be rescinded or altered.

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 University requirement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
PSU Identification Number

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Penn State University COVID-19 Vaccination Requirement**  
**Medical/Disability Accommodation Request for University-affiliated International Travel**

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

Requestor's Name: \_\_\_\_\_

**MEDICAL CERTIFICATION FOR COVID-19 VACCINE ACCOMMODATION**

All students conducting University-affiliated international travel, regardless of the funding source, must be **fully vaccinated** against COVID-19 by the date of departure. People are considered fully vaccinated two weeks after the completion of their primary vaccination series.

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.:** \_\_\_\_\_