



**MEDICAL CONDITION/DISABILITY/PREGNANCY/LACTATION STATUS
ACCOMMODATION REQUEST FORM RELATED TO COVID-19 VACCINATION
REQUIREMENT**

(Including But Not Limited To Vaccine Exemption Requests)

Mesalands Community College is committed to providing equal opportunity to its students and employees without regard to any protected status, as well as a work and learning environment that is free from unlawful harassment, discrimination, and retaliation, pursuant to Mesalands Community College Equal Opportunity Non-Discrimination Policy.

In furtherance of Mesalands commitment to complying with all laws protecting individuals with disabilities or medical conditions or who are pregnant or lactating (nursing), upon request, the college is prepared to provide a reasonable accommodation in the form of a vaccine exemption for any known medical condition or disability of a qualified individual which prevents the student or employee from receiving a vaccination and/or any employee who is pregnant and/or lactating. Such reasonable accommodations may include but are not limited to exemptions from Mesalands mandatory vaccination policy.

Accommodations will be considered so long as they are reasonable and do not create an undue hardship for the College, and/or pose a direct threat to the health or safety of others in the College setting and/or to the requesting party, and in the case of student accommodations does not materially alter the course or curriculum. The student or employee **MUST** submit proper documentation as provided below.

Accommodations for the COVID-19 vaccine based on medical condition/disability/pregnancy/lactation status will be considered if the student or employee provides a written certification by a licensed, treating medical provider of one of the following:

1. The applicable CDC contraindication for the COVID-19 vaccine, **or**
2. The applicable contraindication found in the manufacturer's package insert for the COVID-19 vaccine, **or**
3. A statement that the physical condition of the person or medical circumstances relating to the person are such that immunization is not considered safe, indicating the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization with the COVID-19 vaccine.
4. For those who are requesting a vaccine exemption because they are pregnant or nursing, a confirmation from a medical provider that they are currently pregnant or nursing, **and** ask your provider to complete the requirements under the "Other" reason in Part 2 of this form if they agree that you should receive an exemption from the vaccine.

To request a reasonable accommodation related to Mesalands COVID-19 vaccination policy, including but not limited to vaccination exemption, please do the following:

1. Complete Part 1 of this form
2. Ask your healthcare provider to complete Part 2 of this form, if they agree that an exemption is appropriate, and provide any attachments as requested.
3. Upload ALL of the documentation as part of your request at the following:
ahealthystampede@mesalands.edu

If you have questions about completing this form, please contact the following departments:

**DO NOT SUBMIT MEDICAL DOCUMENTATION OR
PROTECTED HEALTH INFORMATION VIA ELECTRONIC MAIL.**

Part 1 – TO BE COMPLETED BY MESALANDS STUDENT OR EMPLOYEE

Name: Click or tap here to enter text.

Mesalands ID: Click or tap here to enter text.

Department: Click or tap here to enter text.

Title: Click or tap here to enter text.

Supervisor Name (if applicable): Click or tap here to enter text.

Affiliation (check all that apply): Student Faculty Staff Student employee

Requested accommodation (vaccination exemption, schedule change, remote working, etc.):

The physical condition of the student or employee or medical circumstances relating to the individual that necessitates the request for accomodation. Please state, with sufficient detail for independent medical review, the specific nature and probable duration of the medical condition or circumstances that contraindicate vaccination with the COVID-19 vaccine:

Describe any alternate accommodations that might address your needs:

I certify that the information I am submitting in support of my request for an accommodation is complete and accurate to the best of my knowledge, and understand that any intentional misrepresentation contained in this request may result in disciplinary action, up to and including termination from employment or expulsion from Mesalands Community College.

I also understand that my request for an exemption and/or accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others or me in the working or learning environment, or if it creates an undue hardship on the College.

Date of Request: Click or tap to enter a date.

PART 2 – TO BE COMPLETED BY INDIVIDUAL’S HEALTH CARE PROVIDER

Patient Name: Click or tap here to enter text.

Health Care Provider Name: Click or tap here to enter text.

Health Care Provider Company/Hospital: Click or tap here to enter text.

Health Care Provider Phone: Click or tap here to enter text.

Health Care Provider Email: Click or tap here to enter text.

Mesalands Community College requires a COVID-19 vaccine as a condition for a student or employee’s return to its physical campuses. The above-named individual is requesting an exemption from this vaccination requirement and/or other accommodation. An exemption from Mesalands COVID-19 vaccination requirement may be allowed for certain recognized contraindications or conditions.

Please complete the form below.

The above-named individual should not be immunized for COVID-19 for the following reasons and/or should receive other reasonable accommodation in relation to the COVID-19 vaccination (check all that apply):

- History of previous allergic reaction to indicate an immediate hypersensitivity reaction to a component of the vaccine.
- The physical condition of the person or medical circumstances relating to the person are such that immunization is not considered safe. **Please indicate the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization with the COVID-19 vaccine by providing an attachment to this form.**
- Other – Please provide this information in a separate attachment which describes the need for the exemption/accommodation in detail. With specific regard to a request for accommodation other than vaccination exemption, please identify in detail the accommodation(s) being sought.

I certify that the above-named individual has a contraindication or condition as indicated and request that a medical exemption/other accommodation from the COVID-19 vaccination be granted.

Provider Signature: _____

Date: Click or tap to enter a date.