

REQUEST FOR A MEDICAL ACCOMMODATION FOR THE COVID-19 VACCINATION MANDATE

Oklahoma State University, as a federal contractor, requires all employees to be fully vaccinated against COVID-19 in compliance with federal mandates. All employees must be fully vaccinated against COVID-19 by December 8, 2021, unless they are legally entitled to an accommodation. Employees may seek a legal exception to the vaccination mandate due to a disability (which includes medical conditions), using the form below. Oklahoma State University may also ask for other information, as needed. Requests for “medical accommodation” or “medical exceptions” will be treated as requests for a disability accommodation and evaluated and decided under applicable Rehabilitation Act standards for reasonable accommodation absent undue hardship to Oklahoma State University.

An employee may also request a delay for complying with the vaccination mandate based on certain medical considerations that may not justify an exception under the Rehabilitation Act. Oklahoma State University will keep confidential any medical information provided, subject to the applicable Rehabilitation Act standards. Employees who receive an accommodation or a delay from the vaccination mandate will instead comply with any alternative health and safety protocols put into place by Oklahoma State University.

Signing this form constitutes a declaration that the information you provide is true and correct to the best of your knowledge and ability. It is a violation of University policy to provide false or misleading information and doing so may result in disciplinary action.

To request a medical exception or delay from the COVID-19 vaccination mandate using this form:

1. You must complete Part 1 of this form.
2. Your medical provider must complete Part 2 of this form.
3. When both are completed, you must submit the form to **[insert contact info for each campus]**

Part 1 – To Be Completed by the Employee

Employee Name		Date of Request	
Department		CWID	
Position	Supervisor	Phone Number	

Medical or Disability Exception Request

I am requesting a medical accommodation for the mandate for COVID-19 vaccination or a delay because of a temporary condition or medical circumstance. I declare that the information I have provided is true and correct to the best of my knowledge and ability.

Employee Signature**Print Name****Date**

Part 2 – To be Completed by the Employee's Medical Provider**Employee Name****Medical Certification for COVID-19 Vaccine Exception**

Dear Medical Provider:

Oklahoma State University requires its employees to be fully vaccinated against COVID-19 pursuant to Executive Order 14042 of the President of the United States. The individual named above is requesting an accommodation to the mandate for COVID-19 vaccination or a delay because of a medical condition or disability or temporary condition or medical circumstance.

Please complete this form to assist Oklahoma state University in its reasonable accommodation process. If you have questions about completing this form, please contact [insert contact info for each campus].

Please provide 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 factsheet 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 employee from receiving any COVID-19 vaccine.

Description of the medical condition for which the employee listed above should be excepted from complying with a COVID-19 vaccination mandate:**The condition described above is:**☐

temporary

☐

long-term

If this is a temporary condition or medical circumstance, when it is 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**