



COVID-19 Medical Accommodation Form

The University of Alaska Anchorage will grant accommodations to the university's COVID-19 vaccine requirement when a medical condition precludes vaccination. All information requested must be provided and all questions must be answered for your accommodation request to be considered. UAA may request additional information reasonably needed to evaluate an accommodation request.

This information will be reviewed by the UAA Student Health and Counseling Center. Students will be notified by UAA email of the outcome of their accommodation request within five business days. If the decision is not possible in the five-day period, the university will inform the student in writing to their UAA email address.

The university may change, adjust, or modify determination or an accommodation at any time if there is a change in circumstances that warrants it; for example, if there is a substantial change in community transmission rates or local, state, or federal guidance changes.

If your request for a medical accommodation is denied, you may request a reasonable accommodation for a disability through the UAA Disability Support Services Office.

STUDENT INFORMATION & ACKNOWLEDGMENT | To be completed by UAA student requesting accommodation.

Student Name: _____ UAA ID #: _____

UAA Email Address: _____ Phone Number: _____

I acknowledge that I am aware of the following facts:

- COVID-19 vaccination is mandated for me as a UAA student to protect the UA community from COVID-19, its complications, and death.
- If I contract COVID-19, I can be contagious before symptoms appear and spread the COVID-19 to others.
- If I become infected with COVID-19, I can spread severe illness to others even when my symptoms are mild or non-existent.
- I understand that if I have had the COVID-19 virus, my immunity declines over time. This is why vaccination against COVID-19 is required.
- I understand that I cannot get COVID-19 from the COVID-19 vaccine.
- The consequences of not being vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including: other students, faculty, staff, my family, and others in the UA community.
- I understand that while UAA takes steps to ensure a safe environment on campus, the university cannot guarantee that I will not be exposed to or infected with COVID-19.

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STUDENT INFORMATION & ACKNOWLEDGMENT | Continued

Despite these facts, I am requesting an accommodation from the COVID-19 vaccination mandate.

I request an exemption from the COVID-19 vaccination for the following reason:

Describe the accommodation you are requesting:

To the best of my knowledge and ability, the information provided in this form is true and correct and accurately reflects my sincerely held religious beliefs.

Student Signature

Date

For the remaining portion of this request, you must provide this form to a medical doctor (MD), doctor of osteopathic medicine (DO), advanced registered nurse practitioner (ARNP) or physician assistant (PA) licensed in the State of Alaska to complete and sign. **Forms completed by the student or their parents will not be accepted.**

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PROVIDER SECTION | A medical doctor (MD), doctor of osteopathic medicine (DO), advanced registered nurse practitioner (ARNP) or physician assistant (PA) licensed in the State of Alaska must complete and sign this section. *Forms completed by the student or their parents will not be accepted.*

Physician/Provider Instructions: By completing this form, you certify that different methods of vaccinating against COVID-19 have been considered, and that the following medical contraindication precludes any/all vaccinations for COVID-19.

Guidance for medical accommodations for COVID-19 vaccination can be obtained from the Advisory Committee on Immunization Practices (ACIP) available at <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>.

The following are NOT considered contraindications to COVID-19 vaccination:

- Local injection site reactions after (days to weeks) previous COVID-19 vaccines (erythema, induration, pruritus, pain, etc.)
- Expected systemic vaccine side effects in previous COVID-19 vaccines (fever, chills, fatigue, headache, lymphadenopathy, vomiting, diarrhea, myalgia, arthralgia)
- Vasovagal reaction after receiving a dose of any vaccination
- Being an immunocompromised individual or receiving immunosuppressive medications
- Autoimmune conditions, including Guillain-Barre Syndrome
- Allergic reactions to anything not contained in the COVID-19 vaccines, including injectable therapies, food, pets, venom, environmental allergens, oral medication, latex, egg, gelatin, etc.
- Breastfeeding
- Immunosuppressed person in the employee’s household
- Alpha-gal Syndrome

Please select medically indicated contraindication below:

Severe allergic reaction (anaphylaxis) after a previous dose of or to a component of the COVID-19 Vaccine, including Polyethylene Glycol (PEG). Please describe response in detail and contraindication to alternatives, such as the Johnson & Johnson vaccine, which does not contain PEG:

Immediate allergic reaction to a previous dose or known (diagnosed) allergy to a component of the vaccine. Please describe response in detail and contraindication to alternative vaccines:

Other medical circumstances preventing vaccination with any available COVID-19 vaccine. Please specify the specific circumstances involved:

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PROVIDER SECTION | Continued

Describe the accommodation you are recommending:

Signature of Healthcare Provider

Date

Printed Name: License Number:

Practice Name:

Practice Phone Number: Practice Email:

Submit completed forms to:

UAA Student Health & Counseling Center

Rasmuson Hall 116 | tel: 907-786-4040

uaa_studenthealth@uaa.alaska.edu | fax: 907-562-0269