

Request for a Disability Accommodation

As part of our commitment to campus safety, all students, faculty, staff, volunteers, independent contractors, and staffing agency employees are required to be up to date on their COVID-19 vaccination based on CDC guidance. Individuals with a medical condition that prohibits them from receiving a COVID-19 vaccination may be eligible for an accommodation, depending on the circumstances. In order to be considered for an accommodation, please fully complete and return this form to VaccineAccommodation@stolaf.edu or addressed to

COVID-19 Vaccination Accommodations
Tomson 250
1520 St. Olaf Ave.
Northfield, MN 55057

Name: _____ **Date of Request:** _____

- Student**
- Staff**
- Faculty**
- Vendor Employee**

Please provide the attached form to your medical provider and submit the completed form with this request for an accommodation.

By signing below you verify that you are requesting a medical exemption from St. Olaf College's mandatory vaccination policy for the COVID-19 vaccination and that the information submitted in support of your request is accurate.

Signature: _____

Date:

Print Name: _____

Medical Provider Form

Medical Certification for COVID-19 Vaccination Exemption

Patient Name: _____

Dear Medical Provider,

St. Olaf College requires all students, staff and faculty to receive vaccination against COVID-19 as a condition of participation in the College's programs and activities. The individual named above is seeking an exemption to this policy due to a disability.

We would appreciate your completing this form to confirm that the above-named patient has a serious health condition which, in your medical opinion, leads you to believe that the patient should be given an exemption from this policy as an accommodation for a disability.

The above-named patient should not receive the COVID-19 vaccine due to a disability: Yes No

Without providing information regarding the patient's diagnosis or medical history, please explain why the disability prohibits the patient from safely receiving the COVID-19 vaccine:

Are there other accommodations that could be provided that would allow the patient to receive the COVID-19 vaccine:

I certify the above information to be true and accurate, and request exemption from the COVID-19 vaccination for the above-named individual.

Print Name: _____

Date: _____

Signature: _____