



Request for medical exemption/accommodation regarding COVID-19 vaccination

COA is committed to providing equal educational opportunities to all students regardless of their protected status under Maine or federal law. Similarly, COA is committed to complying with all federal, state, and local laws protecting students with disabilities or medical conditions for which vaccinations are a contraindication. Accordingly, students requesting exemption from COA's mandate for COVID-19 vaccinations should complete this form, and COA will engage with the student to determine whether the requested accommodation is reasonable and does not create an undue hardship for COA or pose a direct threat to the health or safety of other students, community members, or to the requesting student.

Students requesting an exemption or other accommodation based on a medical condition or disability for which the COVID-19 vaccines are contraindicated should complete this form and return it to the COA COVID-19 coordinator no later than August 1, 2022. A COVID-19 coordinator liaison will be in contact with you to engage in the interactive process and determine appropriate accommodations, if any exist, on a case-by-case basis. If a requesting student refuses or fails to provide information needed in this process, that refusal may impact COA's ability to adequately understand the request or to engage in the interactive process and may result in a denial of the request.

Part 1 [To be completed by student]

Name: _____

Date of request: _____

Please explain below why you are requesting an exemption/accommodation:

- ☐ A medical condition/disability (*Provide form to your medical provider for part 2*)

What accommodations are you seeking?

Length of time the accommodation is needed [e.g., 2 weeks/3-6 months/permanent]:

Describe any alternate accommodations that might address your needs, if applicable:



The Genetic Information Nondiscrimination Act of 2008 (“GINA”) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual except as specifically allowed by law. We are asking you not to provide any genetic information when responding to this request for medical information, which includes your family medical history, the results of an individual’s family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or embryo lawfully held by an individual or family member receiving assistive reproductive services.

Verification

By signing below, I verify that the information I have submitted in support of my request for an accommodation/exemption relating to COA’s COVID-19 vaccination requirement is complete and accurate to the best of my knowledge, and I understand that providing false or misleading information in this request may result in student conduct or disciplinary action.

I also understand that my request may or may not be granted if it is not reasonable, if it poses a direct threat to the health and safety of others or to me or if it creates an undue burden on COA.

I understand that in the case of an outbreak of COVID-19 within the COA community or the surrounding community, for which I am not vaccinated against, I may be kept out of school or transitioned to a remote-learning environment. The length of time for remote learning may vary depending on the length of the outbreak and the existence of a threat. I also understand that if I am kept out of school, COA may not be able or required to provide complete remote-learning opportunities or a refund for the time when I am unable to complete my regular on-campus learning or activities. If I receive an approved exemption for any reason, I understand that I must follow the masking, social distancing guidelines, and any other precautionary measures set forth by COA for students and perhaps for only unvaccinated students.

Student signature: _____

Date: _____

Print name: _____

Part 2 [To be completed by student’s medical provider]

Provider’s name _____



Telephone number: _____

If vaccination is contraindicated, what is the nature of the relevant condition(s):

Is the student substantially limited in any major life activities as a result of their health condition? If so, please identify the major life activities.

What is the probable duration of the condition [e.g., 2 weeks/3-6 months/permanent]:

It is my opinion that the student should not receive a COVID-19 vaccination for the following reasons:

Medical provider signature: _____

Date: _____

Part 3 [To be completed by COA COVID-19 coordinator/liaison]

Is the above-stated requested exemption accommodation:

- ☐ Approved
- ☐ Denied



If exemption/accommodation granted, list required alternative safety precautions required at this time:

- _____
- _____
- _____

Date discussed with student: _____

If applicable, next date or time for interactive process meeting: _____

COA COVID-19 coordinator/liaison: _____ Date: _____