

UW-Madison
REQUEST FOR A MEDICAL ACCOMMODATION TO THE COVID-19 VACCINATION REQUIREMENT

Under [Executive Order 14042 on Ensuring Adequate COVID Safety Protocols for Federal Contractors \(www.whitehouse.gov/briefing-room/presidential-actions/2021/09/09/executive-order-on-ensuring-adequate-covid-safety-protocols-for-federal-contractors/\)](https://www.whitehouse.gov/briefing-room/presidential-actions/2021/09/09/executive-order-on-ensuring-adequate-covid-safety-protocols-for-federal-contractors/), UW-Madison employees must be vaccinated for COVID-19, subject only to legally required disability, medical, or religious accommodations, in which case the employee would instead comply with alternative health and safety protocols. The purpose of this form is for you to provide information to allow the university to determine whether you may be eligible for a disability or medical accommodation, exempting you from vaccination.

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

1. You must complete Part 1 of this form.
2. Your medical provider must complete Part 2 of this form.
3. Completed forms must be returned to vaccinehr@ohr.wisc.edu or faxed to (608) 467-5377 by December 13, 2021, or by the date on which you accept an offer of employment at UW-Madison, whichever comes later.

The university may ask for other information as needed to determine if you are legally entitled to an accommodation. Signing this form constitutes a declaration that the information you provide is, to the best of your knowledge and ability, true and correct. Any intentional misrepresentation to the university may be subject to disciplinary action, up to and including termination of employment, in accordance with the relevant policies and procedures applicable to your employee category.

Medical information you disclose to UW-Madison as part of this accommodation request will be treated consistently with the privacy protections afforded by the Americans with Disabilities Act, 42 U.S.C. § 12112(d); 29 CFR § 1630.14. Specifically, your medical information will be stored separately from your official personnel file and will be shared only as necessary to carry out University operations or as otherwise required or authorized by law. This includes sharing limited information (not medical condition or diagnosis) with your supervisor as necessary to implement accommodations and enforce workplace safety protocols.

Part 1 – To Be Completed by the Employee		
First Name; Middle Initial	Last Name	Date of Request
Employee ID Number	Net ID	Employee Category
Employee Phone Number	Email (wisc.edu)	
Division	Position	Supervisor
Medical or Disability Accommodation Request		
I am requesting a permanent medical accommodation or delay (temporary accommodation) to the COVID-19 vaccination requirement because of a condition or medical circumstance. I declare that the information I have provided is true and correct to the best of my knowledge and ability.		
Select one: <input type="checkbox"/> I am requesting temporary accommodation through the following date _____. <input type="checkbox"/> I am requesting a permanent accommodation.		
Employee Signature		

Print Name	Date

Part 2 – To be Completed by the Employee's Health Care Provider

Employee Name

Medical Certification for COVID-19 Vaccine Accommodation

Dear Health Care Provider:

UW-Madison employees must be vaccinated against SARS-CoV-2, the virus that causes COVID-19, no later than January 4, 2022. This requirement applies to employees, regardless of whether they work onsite (indoors or outdoors) or work partially or fully from home or another remote location.

Acceptable vaccines include Johnson & Johnson/Jansen, Moderna, Pfizer, or a vaccine that has been listed for [emergency use by the World Health Organization \(covid19.trackvaccines.org/agency/who/\)](https://www.covid19.trackvaccines.org/agency/who/).

_____ has requested a permanent medical accommodation or delay (temporary accommodation) to the COVID-19 vaccination requirement, and the University needs the following information to consider their request.

1. Does the employee have a medical or mental health condition or other contraindication that precludes the employee from receiving any COVID-19 vaccine?
 - a. If yes, what is the condition or contraindication?
 - b. Is the condition or contraindication temporary or long-term?
 - c. If the condition or contraindication is temporary, how long is it expected to last?

2. Is the condition or contraindication listed in the package insert or [Emergency Use Authorization fact sheet for each of the COVID-19 vaccines \(www.cdc.gov/vaccines/covid-19/eua/index.html\)](https://www.cdc.gov/vaccines/covid-19/eua/index.html) authorized or approved for use in the United States?

Please explain how the 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 that might increase the risk for a serious adverse reaction.

3. Does the condition also constitute a disability, which is defined as physical or mental impairment that substantially limits a major life activity or major bodily function as compared to the general population?

If yes, please explain.

***Please note:** Major life activities may include, but are not limited to: bending, breathing, caring for oneself, concentrating, eating, hearing, interacting with others, learning, lifting, performing manual tasks, reaching, reading, seeing, sitting, sleeping, speaking, standing, thinking, walking. Major bodily functions include, but are not limited to: bladder, bowel, brain, cardiovascular, circulatory, digestive, endocrine, genitourinary, hemic, immune, lymphatic, musculoskeletal, neurological, normal cell growth, operation of an organ, reproductive, respiratory, special sense organs and skin, other.*

Health Care Provider's Name/Title	
Health Care Provider's Signature	Date
Health Care Provider's Business Address	
Type of Practice/Medical Specialty	

Health Care Provider's Telephone	Health Care Provider's Fax

Health Care Provider's Email

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Contact Information

If you have questions about this form, please contact vaccinehr@ohr.wisc.edu.

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 this law. To comply with the law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information," as defined by GINA, includes an individual's family medical history, the results of an individual's or 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 an embryo lawfully held by an individual or family member receiving assistive reproductive technology.