



COVID-19 Medical Accommodation Request Packet

Overview

Marquette University complies with the American with Disabilities Act and is committed to providing reasonable workplace accommodations to qualified employees with disabilities. Workplace accommodations are defined as a modification or adjustment to a job or the work environment that will enable the individual to perform the essential functions of their role.

Process

Marquette University's Medical Accommodation process is administered by the Human Resources Department. Employees who wish to engage in this process will be asked to complete the following steps:

- Employees must complete Section I below. Please be sure to include any information that you think would be useful in assessing your condition and request to be exempt from being vaccinated for COVID-19.
- Employees should submit Section II and a copy of your job description to your medical provider. Your medical provider should print and fill out their portion.
- Both completed sections should be returned to the Human Resources department via email humanresources@marquette.edu or fax: (414) 288-7425.
- Upon receipt of these forms, a member of the Human Resources team will reach out to discuss. This may include engaging in an interactive process designed to assess whether the medical condition listed fits the criteria of a disability covered under the ADA, what accommodations are requested and how that might assist in performing the essential functions, what other accommodations may be available, and the reasonableness of the accommodation request. It is the employee's responsibility to engage in this process by providing ideas or options for how their work or workspace could be modified to allow them to perform the essential functions of their role. Each request is evaluated on an individualized basis.
- A finalized response will be provided to the employee documenting the final decision.
- For questions, please contact the Human Resources department at (414) 288-7305.

Reminders

- If you require disability-related accommodation to perform the essential functions of your role outside of this COVID-19 vaccination requirement, you must go through the Marquette University Procedure for Requesting an ADA Reasonable Accommodation. Please contact humanresources@marquette.edu for more information.
- Please note that having a medical condition alone may not make you eligible for accommodation.
- The University is under no obligation to provide the accommodation as requested should other accommodations be available.
- As a part of this process, and according to HIPAA, your medical information will not be shared.



COVID-19 Medical Exemption Request Form for Marquette University Faculty and Staff Employees

Section I: To be completed by faculty or staff employee:

Employee Name

Phone Number

Job Title

Department

Supervisor Name

Identify your temporary condition or medical circumstance that conflicts with the COVID-19 vaccination mandate.

Release of Information:

I verify that the above information is complete and accurate to the best of my knowledge. I understand that providing any inaccurate and/or misleading information may result in disciplinary action up to and including termination. I hereby authorize the release of the following information to Marquette University for the purpose of determining the availability of reasonable workplace accommodations or alternative work arrangements. I further authorize Marquette University to seek clarification of this documentation, if necessary, by contacting my physician or health care provider. I understand that Marquette University is not obligated to provide any specific accommodation I request but will evaluate my request considering all information available in deciding what constitutes a reasonable accommodation.

Signature

Date

Marquette University Human Resources
Department Email:
humanresources@marquette.edu
Phone: (414) 288-7305 or Fax: (414) 288-7425

Section II: To be completed by the physician or health care provider (please note that this section must only be completed by a health care provider):

Please print to complete.

To Physician or Health Care Provider:

Marquette University requires employees to be fully vaccinated against COVID-19 pursuant to Executive Order of the President of the United States. This individual is seeking a medical exception to the requirement for COVID-19 vaccination or a delay because of a temporary condition or medical circumstance. Please complete this form to assist Marquette University in its reasonable accommodation process. **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.**

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 this 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 services. Thank you for your assistance.

Employee Name

Date

1. Is the employee currently under your care? Yes No

2. Please certify below, the medical reason that your patient should not be vaccinated for COVID-19 by completing this form and attaching available supporting documentation.

Option 1 –Allergy

Severe allergic reaction to a previous dose of COVID-19 vaccine or a documented history of a severe allergic reaction to any component of a COVID-19 vaccine or to a substance that is cross-reactive with a component. Please indicate which of the following vaccines are contraindicated and name the components along with what the response was, by vaccine. Note: Allergies to eggs will not be accepted as a routine medical exemption.

Moderna – List component(s) and response: _____

Pfizer – List the component(s) and response: _____

Janssen/Johnson & Johnson – List the component(s) and response: _____

Marquette University Human Resources Department

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Option 2 – Physical Condition/Medical Circumstance

The physical condition of the patient or medical circumstances relating to the individual are such that the vaccination is not considered safe. Please state below, with sufficient detail, the specific nature and probable duration of the medical condition or circumstances that contraindicate vaccination with the COVID-19 vaccine.

Option 3 – Other

Other medical circumstance preventing vaccination with any available COVID-19 vaccine. Please state below, with sufficient detail, the specific nature of the circumstances that contraindicate vaccination with the COVID-19 vaccine.

3. The condition described above is (circle one): Temporary Long-Term

4. If this is a temporary condition or medical circumstance, when is it expected to end or expire (allowing for COVID-19 vaccination to begin after the date you provided):

Thank you for your assistance in providing this information so that we may assess the employee's request. Please complete the information below.

Signature of physician or health care provider

Date

Professional's Name (printed)

License Number

Professional's Title

Telephone Number

Address

Fax Number

Please forward this completed document to humanresources@marquette.edu or fax it to 414.288.7425.