



Chabot-Las Positas Community College District

7600 Dublin Blvd. 3rd Floor, Dublin CA 94568

MEDICAL ACCOMMODATION REQUEST FORM COVID-19 REQUIRED VACCINATION – STUDENTS

To request a medical exemption from the required COVID-19 vaccination for students participating in in-person on-campus courses. In accordance with Board Policy 5211, please complete Section 1 below and have your medical provider complete Section 2 before returning to the Campus Health Center.

Section 1 – Student Completes

Name:			Student ID:	
Phone:		Email:		

I verify that the information I am submitting to substantiate my request for exemption from Chabot - Las Positas Community College vaccination procedure is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including removal from programs. I further understand that the District is not required to provide an exemption accommodation if doing so would pose a direct threat to myself or others in the instructional environment or would create an undue hardship for the college.

Student Signature:		Date:	
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On-Campus In-Person Courses I intend to register for:

Course	Description	Course	Description

Section 2 - Licensed Medical Provider Completes

Dear Medical Provider,

Chabot – Las Positas Community College District requires all students participating in in-person on-campus courses be fully vaccinated against COVID-19 as a condition of in-person participation. The student listed above is seeking an exemption to the District’s mandatory COVID-19 vaccination policy due to a disability or serious medical condition. Please complete this form to assist the College in the disability accommodation process. Should you have any questions, please contact the Office of the President – Chabot College 510-723-6641 or Las Positas College 925-424-1001

CLPCCD Student COVID-19 Medical Accommodation Request Form

(Check boxes and insert text as appropriate)

1. Does your patient have a medical and/or psychological impairment that limits their ability to engage in a major life activity, such as the ability to work, care for themselves, perform manual tasks, walk, see, hear, eat, sleep, or engage in social activities.

NO, my patient does not have a physical or mental impairment that limits their ability to engage in a major life activity.

YES, my patient has a PHYSICAL and/or MENTAL impairment that limits their ability to engage in a major life activity.

2. If the answer to question number one is yes, does the impairment currently affect your patient's ability to perform the essential functions of learning or participation in on-campus in-person instructional activities?

NO, my patient's impairment does not limit their ability to perform all of the essential functions of learning or participation in on-campus in-person instruction.

YES, my patient's impairment does affect their ability to perform **one or more** of the essential functions of learning or participation in on-campus in-person instruction.

3. Does your patient have a disability and/or medical condition that can make them "more likely" to get severely ill if they were to contract coronavirus as outlined by the Centers for Disease Control (CDC) as it pertains to COVID-19?

My patient DOES NOT HAVE a disability and/or medical condition that make them "more likely" to get severely ill if they were to contract coronavirus as outlined by the Centers for Disease Control (CDC) as it pertains to COVID-19.

My patient DOES HAVE a disability and/or medical condition that can make them "more likely" to get severely ill if they were to contract coronavirus as outlined by the Centers for Disease Control (CDC) as it pertains to COVID-19.

4. **CURRENT INSTRUCTIONAL ENVIRONMENT:** Chabot-Las Positas Community College District has implemented the following protocols which meet or exceed OSHA and CDC guidelines for workplace safety:

- Daily at home symptom screening for all students, employees and visitors to campus;

CLPCCD Student COVID-19 Medical Accommodation Request Form

- Increased hand-sanitizing procedures. This includes providing students and employees with effective hand sanitizers throughout campus and in all shared classrooms; encouraging and allowing time for increased handwashing; encouraging everyone to wash hands for at least 20 seconds each time through increased signage and marketing campaigns; and regular monitoring and evaluation of campus facilities for supplies;
- Maximizing the quantity of outdoor air in instructional environment's, and increasing filtration efficiency to the highest level compatible with facilities and existing ventilation systems;
- Providing COVID-19 testing at no cost to symptomatic students and employees during their working hours;
- Prohibiting the use of shared PPE, e.g., gloves, goggles, and face shields; and
- Requiring periodic inspections of District worksites and facilities as needed to identify unhealthy conditions, work practices, and work procedures related to COVID-19 and to ensure compliance with the District's COVID-19 policies and procedures.
- Other _____

The above list of safety measures has been taken to protect your patient and their fellow students as their participation in in-person learning has been deemed necessary for the successful instructional outcomes of the program the student is enrolled in. Are the above measures sufficient to support your patient to return to the instructional environment?

- YES, the above measures are sufficient to support my patient to return to the college.
- NO, the above measures are insufficient to support my patient to safely return to the college. The following safety precautions also need to be implemented if my patient is to return to in-person instruction at the physical college: (please be specific)

- NO, there are no instructional environment accommodations or modifications that can be made that will support me to release my patient to in-person instruction at this time.

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OTHER / ADDITIONAL INFORMATION: _____

5. VACCINATION CLARIFICATION:

a. Is your patient medically expected to be eligible to receive a COVID-19 vaccine?

NO, my patient is medically restricted from being administered a COVID-19 vaccination due to their personal medical condition.

YES, my patient is medically ABLE to receive a COVID-19 vaccination.

OTHER: _____

b. If you have RESTRICTED your patient from being in the instructional environment at this time, and if you have indicated above that your patient IS medically able to be administered a COVID-19 vaccine, will any restrictions listed above end 2 weeks after their final dose?

YES, 2 weeks after my patient has their final dose of vaccine, my patient will have no instructional environmental restrictions. They will not require additional limitations.

NO, even after receiving the vaccines, my patient's instructional environmental restrictions will remain in place. The vaccine does not change their COVID-related accommodation needs.

OTHER / ADDITIONAL INFORMATION: _____

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6. If you have answered NO to the question above and that your patient's restrictions will remain in place even after they are vaccinated, please clarify how long the District would need to expect your patient to be restricted.

PERMANENTLY

TEMPORARILY THROUGH _____(DATE), on or about this date it would be expected they will be medically released to return to in-person instruction.

UNKNOWN, Please clarify: _____

7. **DURATION OF RESTRICTIONS:** Please confirm the duration of the restrictions in paragraph 7 by checking the appropriate box below:

Accommodation Needs / Restrictions are **TEMPORARY** through _____ **(DATE)**

Accommodation Needs / Restrictions are **PERMANENT**

Accommodation Needs / Restrictions are for and **UNKNOWN** duration

OTHER / ADDITIONAL INFORMATION: _____

8. **Additional Restrictions / Accommodation Suggestions:** Please use the space below to include any additional information that you believe would be helpful to the interactive process for this student. You may attach additional pages as needed.

Please do not list any information pertaining to medical condition or diagnosis. _____

CLPCCD Student COVID-19 Medical Accommodation Request Form

Student Name: _____
Student ID #: _____

Health Care Provider's Original Signature

Date

Health Care Provider's Name Printed

License Number

**RETURN A COPY OF THIS FORM TO YOUR PATIENT/ CLPCCD STUDENT FOR
SUBMISSION TO THE INSTRUCTIONAL DEAN / ACADEMIC COORDINATOR FOR THE
ARE OF IN-PERSON INSTRUCTION TO BE FILED IN THE STUDENTS PERMANENT
RECORD**

For any questions, please call the following at each campus
Chabot College Office of the President – Phone 510-723-6641
Las Positas College Office of the President – Phone 925-424-1001