Vaccination Accommodation Request Form

Complete this form and then upload it (use document type “Student Vaccination Accommodation/Exemption Form”), along with all supporting documentation to Villanova.medicatconnect.com to be considered for an accommodation from the University’s standard vaccination requirements for medical reasons or due to a sincerely held religious, moral, or ethical belief.

I hereby authorize the release of supporting information to the University for the purpose of evaluating my vaccination accommodation request. If I am requesting a medical accommodation, I further authorize the University to seek clarification of this documentation, if necessary, by contacting my health care provider. If my health care provider requires that a HIPAA release be signed before releasing information related to my accommodation request, I agree that I will promptly execute the HIPAA release.

Please Print Name: __________________________________________________________

Villanova E-Mail: ______________________________________________________________

Provide a description of the requested accommodation (indicate the vaccine requirement(s) for which you are requesting an accommodation):
________________________________________________________________________________
________________________________________________________________________________

Provide a short explanation of the reason for the requested accommodation (indicate whether you are seeking an accommodation for medical reasons or due to a sincerely held religious, moral, or ethical belief):
________________________________________________________________________________
________________________________________________________________________________

Signature: ______________________________________________________________________

Parent/Guardian Signature (if student is under 18): ______________________________________________________________________

For medical accommodation requests, please upload documentation from your primary care provider of the medical condition warranting the accommodation along with this form. The letter must include the provider’s name, address, and phone number.

For religious/moral/ethical accommodation requests, please upload a statement or other documentation explaining the basis of your objection to the specific vaccination requirement(s) indicated above.

Please note: If you are requesting an accommodation from the meningococcal disease vaccination requirement, you will also be required to complete and submit the Meningococcal Vaccination Accommodation/Exemption Form.