

It is the expectation that all members of the USask community be vaccinated against COVID-19. Vaccination is the single most effective public health measure to reduce spread and prevent harms of COVID-19 in our community.

**Fall 2021:** As of October 18, 2021, every member of the USask community is required to provide proof of full vaccination or submit regular and frequent negative COVID-19 test results and daily symptom checklist in order to access our campuses.

Certain activities have been deemed to carry elevated risk and for those students involved in activities of elevated risk, vaccination is mandatory. This form should be filled out by students in those identified activities to request an accommodation on the basis of disability. If you are not in a mandated group, you do not need to request an accommodation for Fall 2021, but you are required to comply with the screening and testing requirements if you have not provided proof of full vaccination.

**Winter 2022:** As of January 4, 2022, anyone accessing our campuses will need to show proof of full vaccination as defined by the university. This form should be filled out by any student registered in Winter 2022 classes to request an accommodation on the basis of disability.

## INSTRUCTIONS

1. Complete Section 1 and 2.
2. Ask your health care professional to complete Section 3 and 4.
3. Return the form to Access and Equity Services:

Email: [aes@usask.ca](mailto:aes@usask.ca) Fax: 306-966-1170

## SECTION 1: Student Information (to be completed by the applicant)

Last Name		First Name		
Address – Apt. Number, Street, Box Number		City/town	Province	Postal Code
Date of Birth (dd/mm/yyyy)	Telephone		Cell Phone	
College (e.g., Arts and Science, Engineering, etc.)	Year in Program	NSID	USask Student Number	

## SECTION 2: Student Consent

In order for Access and Equity Services (AES) to consider or meet your accommodation needs, it may become necessary for AES to consult with individuals or units within USask who may need to be involved in the provision of your accommodations. By signing this form, you give consent for AES staff to share information regarding your accommodation needs with individuals or units within USask on a need to know basis for the purposes of provision of services or accommodations or accommodation planning.

Further, by signing this form, you authorize your health care practitioner to release the information on this form to AES.

Student Signature		Date (dd/mm/yyyy)
Witness Signature	Witness Printed Name	

## SECTION 3: Licensed Health Care Practitioner – authorized by licensing body to diagnose

Last Name		First Name		
Address – Apt. Number, Street, Box Number		City/town	Province	Postal Code
Profession	License Number	Telephone	Fax	
How long have you been treating this patient for the condition which you are diagnosing the ESA?	Signature		Date (dd/mm/yyyy)	

## SECTION 4: Disability Information (to be completed by licensed health care practitioner)

USask requires your verification that the above-named student has a disability that prevents the student from being fully vaccinated in accordance with USask policy. Accommodations for disability may only occur with appropriate documentation provided to USask Access and Equity Services. Please refer to the guidance of the College of Physicians and Surgeons of Saskatchewan and the Saskatchewan Ministry of Health with respect to COVID-19 Vaccine Contraindications in completing this form.

### Verification of Disability

Does the patient have a disability that prevents them from being fully vaccinated against COVID-19, based on the following criteria?

- Documented history of severe allergic or anaphylactic reaction to a previous dose of a COVID-19 vaccine or to any component of a COVID-19 vaccine that has been confirmed by a physician and that cannot be mitigated (including by use of alternative WHO-approved vaccines)
- Documented, severe adverse reaction to a previous dose of a COVID-19 vaccine that that cannot be mitigated (including by the use of alternative WHO-approved vaccines)

Yes      No

Does the patient have other medical condition(s) which would preclude them from receiving the COVID-19 vaccine?

Yes      No

If yes, provide additional detail regarding the associated functional limitations:

### PLEASE NOTE:

The National Advisory Committee on Immunization recommend the following groups receive COVID-19 vaccinations:

- Immunocompromised
- Pregnant or breastfeeding
- Autoimmune condition

The following are examples of conditions that **will not** be considered for an accommodation on the basis of disability:

- Severe allergic reactions other than that listed above
- History of vaccine side effects (without further evidence related to the COVID-19 vaccine)
- Fear of needles
- General avoidance of vaccines

A history of COVID-19 infection or positive antibody screen is not considered a substitute for vaccination and will not form the basis for an accommodation on the basis of disability.

### Length of Accommodation

<b>Permanent disability</b>	<b>Permanent disability:</b> a functional limitation caused by a physical or mental impairment which restricts the person's ability to perform the daily activities necessary to participate fully in post-secondary studies or in the labour force, and is expected to remain with the person for the person's expected life.	continuous episodic
<b>Temporary disability</b>	Term ending December 31      Term ending April 30      Term ending August 31	

### Additional Information (optional)

Additional information or other recommended accommodations related to COVID-19. Please provide any other information about the student's disability and their functional limitations that USask should consider: