Policy AC057: COVID-19 Vaccination Exemption Review

Recommended for Approval by:

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Approved by:

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A. Intent

To define conditions under which Pennsylvania Western University will evaluate and determine COVID-19 vaccination exemptions for students in clinical experiences.

B. Definition(s)

Not Applicable.

C. Policy

Background

Pennsylvania Western University is an institution of higher education. The University does not mandate COVID-19 vaccination and currently does not have the statutory authority to mandate COVID-19 vaccination. However, some students in some academic programs may be required—by entities outside of the University—to be vaccinated against COVID-19 as part of a clinical component of their academic program. This Policy addresses such outside vaccine requirements, and the exemption process that some clinical sites may require the University to implement.

PennWest provides education for academic programs that require students to complete clinical education hours or field education hours in order for the University and its academic programs to meet accreditation requirements and for students to meet graduation requirements and professional certification and/or licensure requirements. The clinical education and field education requirements are met through the University’s affiliation with clinical and field entities (hereinafter “site”).
Purpose and Scope

The U.S. Department of Health and Human Services issued on January 31, 2020, a declaration of Public Health Emergency regarding COVID-19. In response to the COVID-19 pandemic, vaccines providing protection against COVID-19 have been developed. Many sites now mandate COVID-19 vaccination for employees, students, subcontractors, volunteers, and others entering their facilities. Sites that require the COVID-19 vaccination for students placed into clinical programs fall into one of three categories:

(1) The site does not allow for any exemptions from the vaccine requirement;

(2) The site allows one or more types of exemptions, and it decides on requests for exemption; or

(3) The site allows one or more types of exemptions, but it requires the placing university to review and decide on the exemption request.

This Policy applies to the third category of clinical site. That is, this Policy applies to those situations where a clinical site (a) requires students who are participating in a placement at the site to be vaccinated against COVID-19, and (b) requires the University to determine whether a student’s request for religious or medical exemption should be granted. In such situations, the University may grant only those types of exemptions that the site permits.

In order to preserve and protect the PennWest’s academic programs and accreditation, the University must comply with the sites’ requirements that require the University evaluate and determine if a University student should receive a medical or religious COVID-19 vaccination exemption (as applicable at that site).

NOTE: Each clinical site retains ultimate authority to decide which students may and may not enter their facility to perform clinical work. Thus, the site has the full discretion to decide if they will permit a student with a COVID-19 vaccination exemption (as granted by the University) to perform clinical work in their facility and, if so how they would adjust for a student with a COVID-19 vaccination exemption—including imposing additional requirements or restrictions on the student.

D. Procedure(s)

Types of Exemptions

As noted above, the University may only grant an exemption of the type that the site permits. Thus, if one of the types of exemptions set out below is not available at the site, it will not be considered by the University.

(1) Medical exemptions
   A request for exemption based on medical reasons must (a) state the medical reason for the exemption, and (b) must be accompanied by written certification from the student’s licensed health care provider certifying the medical reason why the student should not receive the COVID-19 vaccine.

(2) Religious exemptions
   A request for exemption based on religious reasons (a) must state that receiving the COVID-19 vaccine is contrary to the student’s sincerely-held religious belief; (b) must identify the student’s religion; and (c) must identify the religious tenet involved.
Application Process

1. Students seeking COVID-19 vaccination exemption shall submit a written request to their College Dean, with the elements described in the section on Types of Exemptions, above. The Request for COVID-19 Vaccination Form should be used for this purpose.

2. At any point in the process of considering the request, University officials may request additional information from the student.

3. The Academic Dean shall communicate the exemption request to the Senior Vice President for Academic Affairs and Provost.

4. The Senior Vice President for Academic Affairs and Provost shall review and approve requests for COVID-19 vaccination exemptions that meet the foregoing requirements. The Senior Vice President for Academic Affairs and Provost shall review and deny requests for COVID-19 vaccination exemptions that do not meet the foregoing requirements.

E. Related policies

Not Applicable.

F. Contact Information

For additional information, please contact the Office of the Provost.

G. Policy Review Schedule

All policies will be reviewed every two years or on an as needed basis if a change in BOG, PASSHE or Pennsylvania law would create the need for an immediate change.
Request for COVID-19 Vaccination Form

To meet the requirements of my academic program, I must complete clinical or field experience at an affiliated site. Pennsylvania Western University does not mandate the COVID-19 vaccine. The affiliated site requires me to receive COVID-19 vaccination prior to my clinical or field experience. However, the affiliated site will consider a COVID-19 vaccination exemption provided by Pennsylvania Western University.

I hereby request that Pennsylvania Western University evaluates my request for a COVID-19 vaccination exemption based upon the following reason.

Please check the applicable box and provide the requested information.

☐ Medical Reason(s)

I am requesting that the University provide a COVID-19 vaccination exemption based upon the following medical reason(s).

______________________________________________________________________________

______________________________________________________________________________

I have provided and attached a written certification from my licensed health care provider certifying the medical reason that I should not receive the COVID-19 vaccine.

☐ Religious Reason(s)

I am requesting that the University provide a COVID-19 vaccination exemption based upon the following religious reason(s).

______________________________________________________________________________

______________________________________________________________________________

Receiving the COVID-19 vaccine is contrary to my sincerely held religious belief. Please check the applicable box.
☐ Yes ☐ No

My religion is ________________________________________________________________.

Below is the religious tenet that is contrary to receiving the COVID-19 vaccine.

______________________________________________________________________________

______________________________________________________________________________

I understand that if Pennsylvania Western University provides me with a COVID-19 vaccination exemption, the affiliated site may require me to undergo regular COVID-19 screening and/or testing, at intervals determined by the affiliated site. I understand that the affiliated site may refuse my placement at their facility, even if Pennsylvania Western University provides a COVID-19 vaccination exemption. I understand that the affiliated site is autonomous and not part of
Pennsylvania Western University and may make and change its policies any time, including during an already in-progress clinical or field experience.

I understand that the affiliate site may require the University to provide evidence of this exemption request and approval.

I hereby affirm that each of the forgoing statements are true. I hereby affirm that I will follow each of the site’s COVID-19 related policies and procedures.

___________________________________________   _________________________________
Signature                                                                  Date

Name:_____________________________________ Student ID#:___________________