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June 10, 2021 – COVID-19 Vaccination Policy

UC Hastings College of the Law

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COVID-19 Vaccination Policy

University of California, Hastings Law

The purpose of this policy is to protect the health and safety of the UC Hastings Law (the “College”) community, including its faculty, staff, students, and others who work, live, or learn in any of the College’s locations. The College strongly recommends that all members of the community obtain the COVID-19 vaccine as soon as possible. This policy requires all UC Hastings employees and students accessing College facilities to receive the COVID-19 vaccine, subject to limited exceptions and exemptions, beginning before the start of the Fall 2021 term.

1. Implementation: Effective July 1, 2021, all students, faculty, and staff present at any College facility¹ must show proof of having received a COVID-19 vaccination² and completing any post-vaccination waiting period³ prior to accessing any campus facility or attending any official UC Hastings in-person group event, subject only to the processes and exemptions described below. This policy will remain in effect through May 31, 2022, subject to updated public health guidelines in the interim. We will continue to evaluate the need to extend the policy pending public health developments on an ongoing basis thereafter.
2. Employees: The term “employees” includes staff and faculty, including adjunct faculty. Student employees should follow the guidelines in paragraph 3 below. Employees may request a medical exemption or an accommodation based on a disability or a sincerely held religious belief, practice, or observance⁴. Employee requests for exemptions or accommodations shall be submitted to Chief Human Resources Officer Andrew Scott at scottandrewf@uchastings.edu on a COVID-19 Employee Medical Exemption Form (Attachment A), a [Disability Accommodation Request Form](#), or a COVID-19 Vaccination Religious Accommodation Request Form (Attachment B), as appropriate.
3. Students: The [Student Immunization Policy](#) is hereby amended to add the COVID-19 vaccine to the list of required vaccines. Students may request a medical exemption or an accommodation based on a disability or a sincerely held religious belief, practice, or observance⁵. Student Medical Exemption Request Forms (Attachment C) shall be submitted directly to Assistant Dean of Students Grace Hum at humgrace@uchastings.edu. Forms will be forwarded to a medical provider at Carbon Health and evaluated consistent with the [Immunization Exemption Policy](#). Disability Accommodation requests based on disability shall follow the normal process described on the [Disability Resource Program Website](#). Religious Accommodation Request Forms (Attachment B) shall be submitted directly to Assistant Dean of Students Grace Hum at humgrace@uchastings.edu to initiate the interactive accommodation process.

¹ Including but not limited to: 333 Golden Gate Avenue, 200 McAllister Street, 100 McAllister Street, and 376 Larkin Street.

² Defined as having received a vaccine that has received [FDA authorization or emergency use authorization \(EUA\)](#) or an international vaccine that has been [authorized for emergency use by the WHO through the EUL process](#) to immunize the receiver from COVID-19, including any waiting period.

³ The CDC considers someone to be fully vaccinated 2 weeks after the second dose of a two-dose vaccines or 2 weeks after a one-dose vaccine.

⁴ This includes traditionally recognized religions as well as beliefs, observances, or practices, which an individual sincerely holds and which occupy in their life a place of importance parallel to that of a traditionally recognized religion. Social, political, or economic philosophies, as well as mere personal preferences, are not religious beliefs for the purposes of this policy.

⁵ See footnote 4.

4. Non-Vaccinated Individuals: Individuals with an approved medical exemption or accommodation may be required to take certain precautions or mitigating controls when on campus, including increased testing requirements, continued social distancing, use of face coverings, or they may be restricted from campus access, in accordance with law and public health guidance. Individuals who fail to obtain a vaccination and do not have an approved exemption or accommodation will not be allowed on campus.

5. Superseding Public Health Directives: In the event a federal, state, or local public health agency with jurisdiction imposes a mandate that is not consistent with this policy, the applicable public health mandate will be implemented.

ATTACHMENT A: EMPLOYEE MEDICAL EXEMPTIONS

A list of established medical contraindications to and precautions for COVID-19 vaccines can be found at the Centers for Disease Control and Prevention website, *Guide to Contraindications*, online at: <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#Appendix-B> and currently includes:

Contraindications:

- History of severe allergic reaction after a previous dose or to a [component of the vaccine](#).
- History of immediate allergic reaction of any severity after a previous dose or known (diagnosed) allergy to a [component of the vaccine](#).

Precautions:

- Any immediate allergic reaction to other vaccines or injectable therapies. This includes people with a reaction to a vaccine or injectable therapy that contains multiple components, one of which is a vaccine component, but in whom it is unknown which component elicited the immediate allergic reaction.

Any request for medical exemption from employees must be documented on the attached Medical Exemption Request Form and submitted to Human Resources (humanresources@uchastings.edu). Chief Human Resources Officer Andrew Scott will evaluate and approve or deny medical exemption requests.

Appeals

Employees who wish to appeal denial of a medical exemption must submit a written request to Chief Human Resources Officer Andrew Scott, along with any documentation provided by their treating medical provider.

Appeals will be anonymized and the College shall consult with a medical professional licensed in the state of California regarding the specifics of the case. Final decisions regarding the appeal should be communicated to the employee within 60 days of receipt of the appeal request. An individual will not be barred from any campus activity while an appeal is pending, though they may be required to take additional precautions. If the exemption denial is upheld, the employee will be expected to comply with the immunization requirement within 30 days.

In active infectious disease outbreak situations, individuals granted medical exemptions may not be allowed to come to campus, at the College's discretion. These situations will be determined on a case-by-case basis, and in consultation with public health officials.

University of California, Hastings Law

COVID-19 Vaccination – Medical Exemption Request Form for Employees

Name of Patient: _____

Date of Birth: _____ MRN: _____

Name of Health Care Provider: _____

License Number: _____ Expiration Date: _____

State of Issuance: _____

License Type: Medical or Osteopathic Physician Nurse Practitioner Physician's Assistant

Practice Address: _____

Email: _____ Phone: _____

I hereby certify that the above-referenced patient qualifies for a medical exemption from influenza vaccine, as further provided below:

Reason for Exemption:

CDC Contraindication CDC Precaution Manufacturer's Insert Contraindication Other

Provide a detailed explanation here regardless of the reason indicated immediately above:

This contraindication or precaution is: Permanent Temporary

- If temporary, the expiration date for the exemption is: _____

Signature of Health Care Provider: _____

Date of Signature: _____

Faculty and Staff: Return this completed form to Andrew Scott, Chief Human Resources Officer at ScottAndrewF@uchastings.edu

For Official Use Only:

Approved Denied Date: _____

Name: _____ Title: _____

Signature: _____

FINAL POLICY 6/10/2021
ATTACHMENT B: COVID-19 VACCINATION RELIGIOUS
ACCOMMODATION REQUEST FORM

Name: _____ Are you a student or employee? _____

Based on my sincerely held religious belief, practice, or observance⁶, I am requesting a religious accommodation in connection with the College's COVID-19 vaccination mandate.

Please identify your sincerely held religious belief, practice, or observance that is the basis for your request for a religious accommodation.

Please briefly explain how your sincerely held religious belief, practice, or observance conflicts with the College's COVID-19 vaccination mandate.

Please describe the accommodation(s) you are requesting and the applicable time period or frequency.

Please provide any additional information that may be helpful in processing your accommodation request.

I understand that my request for an accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others at the College and/or to me, or if it creates an undue hardship on UC Hastings.

Signature: _____ Date: _____

UC Hastings reserves the right to obtain additional information or documentation about your religious practices or beliefs. There may also be a need to discuss the nature of your religious beliefs, practices and accommodation with your religion's spiritual leader (if applicable) or religious scholars to address your request for an exception.

Employees submit this form to Chief Human Resources Officer Andrew Scott at scottandrewf@uchastings.edu.

Students submit this form to Assistant Dean of Students Grace Hum at humgrace@uchastings.edu.

⁶ This includes traditionally recognized religions as well as beliefs, observances, or practices, which an individual sincerely holds and which occupy in their life a place of importance parallel to that of a traditionally recognized religion. Social, political, or economic philosophies, as well as mere personal preferences, are not religious beliefs for the purposes of this policy.

FINAL POLICY 6/10/2021
ATTACHMENT C: STUDENT MEDICAL EXEMPTION REQUESTS

Requests for Medical Exemptions to Vaccination

The University of California allows for exemptions to immunization requirements based on a medical condition that is a contraindication to vaccination for the following vaccines: **MMR** (measles, mumps, and rubella), **Varicella** (chickenpox), **Tdap** (tetanus, diphtheria, and pertussis) or **Meningococcal conjugate** (Serogroups A, C, Y, & W-135), and **COVID-19** for certain groups of students.

A list of established medical contraindications to vaccination can be found on the Centers for Disease Control and Prevention (CDC) website for Guide to Contraindications at: <http://www.cdc.gov/vaccines/recs/vac-admin/contraindications-vacc.htm>. Contraindications can also be found on the package insert of each vaccine.

Medical exemption requests must be documented on the Medical Exemption Request Form and submitted by the student to Assistant Dean Grace Hum and humgrace@uchastings.edu.

ALL EXEMPTION REQUESTS MUST INCLUDE THE FOLLOWING INFORMATION:

- 1) The specific vaccine(s) for which the exemption is/are requested
- 2) A written statement by a licensed, treating medical provider [a physician (MD or DO), nurse practitioner (NP), or physician's assistant (PA)], including at least one of the following for any vaccine(s) for which an exemption is requested:
 - a. The applicable CDC contraindication for the vaccine(s), **or**
 - b. The applicable contraindication found in the manufacturer's package insert for the vaccine(s), **or**
 - c. A statement that the physical condition of the person or medical circumstances relating to the person are such that immunization is not considered safe, indicating the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization with the vaccine(s)
- 3) Whether or not the duration of the exemption is permanent or temporary for any vaccine(s) and, if temporary, the expiration date of the exemption for each vaccine
- 4) Alternatively, proof of documentation of positive antibody titers to any of the above vaccinations, at levels which indicate immunity to disease, may be used to satisfy UC immunization requirements or to appeal the immunization requirement for that vaccine.

All forms must be signed by a licensed, treating medical provider (MD, DO, NP, or PA) and include the practice location address, telephone number, signing provider's license number, and state or country (if outside the U.S.) where the licensed medical provider practices.

Requests for medical exemptions will be forwarded to a medical provider at Carbon Health and evaluated consistent with the [Immunization Exemption Policy](#). Requests for exemption will be approved if the Medical Exemption Request Form requirements 1-3 or 4 are met for each vaccine for which an exemption is requested. If information supplied is ambiguous or insufficient, attempts will be made at the local campus level to contact the clinician who submitted documentation to clarify the exemption request documentation. If insufficient clarification or information is provided, the exemption request may be denied at the local campus level.

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Appeals for Denials of Medical Exemption Requests

The UC Immunization Exemption Policy Committee (IEPC) is a system-wide committee, appointed by the Office of the President, comprised of UC faculty, staff and students, and public health officials. Members are selected from diverse backgrounds, and will include actively practicing physicians, including at least one infectious disease specialist, and may also include faculty with expertise in a variety of other fields, such as medical ethics, law, public health, and international student services. Members will serve a term of no less than one year.

The Immunization Exemption Appeals Committee (IEAC) will be established to evaluate appeals. The IEAC will be chaired by the UC Health Medical Director of Student Health and Counseling, and will be convened as needed to evaluate medical exemption requests denied at the campus level for which students have submitted an appeal. If the UC Health Medical Director of Student Health and Counseling is unavailable, the IEPC Chair will be asked to serve as chair for the IEAC. Students requesting an appeal must submit a written request to the Medical Director of their campus Student Health Services (SHS), along with documentation provided by their treating medical provider on the Medical Exemption Request Form. Appeals will be de-identified and forwarded to the chair of the IEAC, who will select two to four additional members from the IEPC and/or the Student Health Services (SHS) medical director group to review the appeal. If the basis of an appeal merits special consideration, the selection of IEAC members to participate in a review process will be based upon the expertise and backgrounds of the IEPC members or SHS medical directors relative to issues raised in the appeal. The SHS Medical Director who submits the appeal is not eligible to sit on the IEAC committee to review that appeal. Student members of the IEPC are not eligible to participate on the IEAC. In order to render a decision, at least three members of the IEAC must convene, including the Chair. Decisions will be communicated to the local campus SHS Medical Director, who will, in turn, communicate the IEAC decision to the student. IEAC decisions shall be rendered within 60 days of receipt by the chair.

A student who submits an appeal will be able to enroll in classes and register for the upcoming academic term (quarter, semester, or session) in which the appeal is being reviewed. If the exemption denial is upheld, the student will be expected to comply with the immunization requirements prior to the next academic term in order to allow class enrollment and registration.

In active infectious disease outbreak situations, students granted medical exemptions may not be allowed to come to campus. These situations will be determined on a case-by-case basis, and in consultation with state and local public health officials.

UC Hastings Student Medical Exemption Request Form



Full Name of Student: _____

Campus Student Attends: _____

Student's Medical Record Number: _____

Student's Date of Birth: _____

I, _____ [Name of licensed MD, DO, PA, NP] have reviewed the University of California Immunization Exemption Policy, and hereby certify that the above-named student has:

A medical condition that contraindicates their vaccination with _____ vaccine:

Please check the appropriate box and list below either: (list only 1 vaccine per section)

- a) The applicable CDC contraindication to this vaccine*, or
- b) The applicable manufacturer's vaccine insert contraindication to this vaccine*, or
- c) The physical condition of the person or medical circumstances relating to the person that are such that immunization is not considered safe, indicating the specific nature of the medical condition or circumstances* that contraindicate immunization with this vaccine*

***REQUIRED: Description of contraindication meeting criteria a, b, or c above:**

This contraindication is: Permanent or Temporary

If temporary: The expiration date of the exemption for this vaccine is: _____

Titers for immunity to this disease: (Please attach photocopies of any titer results if done)

Indicate that he/she is immune Indicate he/she is NOT immune Have not yet been obtained

A medical condition that contraindicates their vaccination with _____ vaccine:

Please check the appropriate box and list below either: (list only 1 vaccine per section)

- a) The applicable CDC contraindication to this vaccine*, or
- b) The applicable manufacturer's vaccine insert contraindication to this vaccine*, or
- c) The physical condition of the person or medical circumstances relating to the person that are such that immunization is not considered safe, indicating the specific nature of the medical condition or circumstances* that contraindicate immunization with this vaccine*

***REQUIRED: Description of contraindication meeting criteria a, b, or c above:**

This contraindication is: Permanent or Temporary

If temporary: The expiration date of the exemption for this vaccine is: _____

Titers for immunity to this disease: (Please attach photocopies of any titer results if done)

Indicate that he/she is immune Indicate he/she is NOT immune Have not yet been obtained

A medical condition that contraindicates their vaccination with _____ vaccine:

Please check the appropriate box and list below either: (list only 1 vaccine per section)

a) The applicable CDC contraindication to this vaccine*, or

b) The applicable manufacturer's vaccine insert contraindication to this vaccine*, or

c) The physical condition of the person or medical circumstances relating to the person that are such that immunization is not considered safe, indicating the specific nature of the medical condition or circumstances* that contraindicate immunization with this vaccine*

***REQUIRED: Description of contraindication meeting criteria a, b, or c above:**

This contraindication is: Permanent or Temporary

If temporary: The expiration date of the exemption for this vaccine is: _____

Titers for immunity to this disease: (Please attach photocopies of any titer results if done)

Indicate that he/she is immune Indicate he/she is NOT immune Have not yet been obtained

A medical condition that contraindicates their vaccination with _____ vaccine:

Please check the appropriate box and list below either: (list only 1 vaccine per section)

a) The applicable CDC contraindication to this vaccine*, or

b) The applicable manufacturer's vaccine insert contraindication to this vaccine*, or

c) The physical condition of the person or medical circumstances relating to the person that are such that immunization is not considered safe, indicating the specific nature of the medical condition or circumstances* that contraindicate immunization with this vaccine*

***REQUIRED: Description of contraindication meeting criteria a, b, or c above:**

This contraindication is: Permanent or Temporary

If temporary: The expiration date of the exemption for this vaccine is: _____

Titers for immunity to this disease: (Please attach photocopies of any titer results if done)

Indicate that he/she is immune Indicate he/she is NOT immune Have not yet been obtained

Signature of Medical Provider: _____ Date: _____ Medical License Number & State/Country of Issue: _____

Practice Address: _____ Provider Phone Number & Email: _____

Students: Return this completed form to Assistant Dean of Students Grace Hum at humgrace@uchastings.edu.

<p>For Use by UC Hastings Staff Only:</p> <p><input type="checkbox"/> Date Approved: _____</p> <p><input type="checkbox"/> Date Denied: _____</p> <p><input type="checkbox"/> Notes: _____</p>	<p>Campus: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p>
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