**CLINICAL VACCINATION REQUIREMENT FORM**

In addition to any University requirements, all students engaged in external experience for credit are subject to any applicable policies and/or procedures of the clinical experience site.

Please indicate which options for meeting clinical vaccination and/or testing requirements for your external experience you select.

 Comply with the site requirement. I understand that I will be required to provide proof of full compliance to the site prior to starting the clinic experience.

 Request an exemption or accommodation from the site. Please understand that the site controls who can access the site based on its rules and policies. ISU’s testing protocol and/or testing exemption process does not extend to site-specific requirements. If you select this option, please complete the form below.

 Request a replacement site. Please understand that the University may not be able to find an alternate placement. In addition, there may be no alternate placement available in the current semester, causing you to experience a delay in completion of the clinical experience and potentially delay graduation.

**Accommodation Request from the Site**

I would like to request an accommodation for the external site requirement of vaccination from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(site name)

I understand that the external site may require additional information that may include but is not limited to medical or other documentation for the accommodation. I understand that the site may require additional information/documentation to assess my request and this information is shared directly with the site. I understand that the site makes the sole determination of the process and/or decisions related to accommodations.

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Office Use: Date sent to external site \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff initials \_\_\_\_\_\_\_\_\_\_\_\_