



PMEA Request for Accommodation: Medical Exemption from Vaccination

Medical Certification for Vaccination Exemption

Name: _____

Dear Medical Provider,

The Pennsylvania Music Educators Association (PMEA) requires that individuals attending the 2022 PMEA Annual In-service Conference, April 6-9 at the Kalahari Resort in the Poconos, be vaccinated against **COVID-19**. This event brings together nearly 2,000 attendees, exhibitors, performers and students from throughout Pennsylvania to participate in a two and a half day professional development event involving breakout and general sessions, performances and an exhibit hall with more than 70 vendors. PMEA cannot guarantee recommended social distancing guidelines for non-vaccinated individuals during this event. Masking will be required, however PMEA cannot guarantee that attendees will be masked at all times.

Pursuant to PMEA policy, an exemption from this requirement may be granted due to a qualifying medical reason or a disability. A disability is intended, consistent with applicable state and federal law, to include a physical or mental impairment that substantially limits one or more major life activities or a record (or past history) of such an impairment. A “medical condition,” for purposes of our policy, may include allergic reaction or other medical condition that is a contraindication to the COVID-19 vaccine which, on the advice of a medical professional, may necessitate deferral of vaccination. General concerns about the vaccination, side effects, general risks associated with the population at large, or other similar issues do not qualify for an exemption under this policy.

The individual named above is seeking an exemption from the vaccination requirement due to either a medical condition or disability. Please complete this form to assist PMEA in the reasonable accommodation process. PMEA is only requesting information bearing upon the student’s exemption request and is not requesting general medical information concerning the student.

The person named above should not receive the COVID-19 vaccine for the following qualifying reason(s) (please be specific in your response to enable PMEA to evaluate the request):

This exemption ONLY applies to the 2022 PMEA Annual In-service Conference, to be held April 6-9 at the Kalahari Resort & Convention Center in the Poconos.

Medical Provider Initials for acknowledgement: _____

PMEA may request additional information or clarification of this request, as may be needed to properly evaluate the requested exemption and to explore possible reasonable accommodations. All medical information provided will be treated in a confidential manner in accordance with applicable law.

I certify the foregoing information is based on my evaluation of this individual in connection with their request for an exemption from PMEA policy.

Medical Provider Name (print):	
Medical Provide Signature:	Date:
Pennsylvania Medical License #:	
Practice Name & Address:	Provider Phone: