

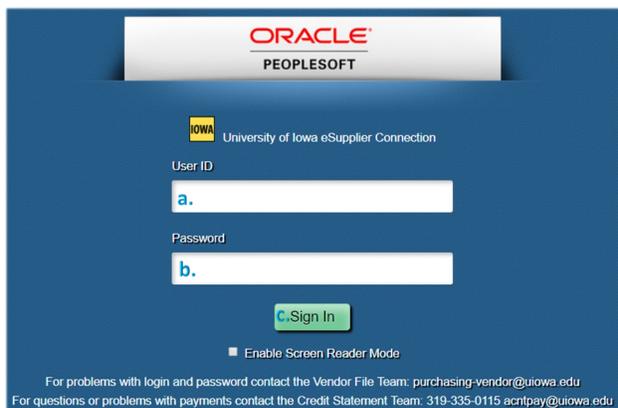
University of Iowa – Provide COVID-19 Documentation

Link to Online Application: [eSupplier Connection Supplier Portal](#)

Thank you for doing business with the University of Iowa. This script will help you to maintain documentation to meet the Centers for Medicare and Medicaid Services (CMS) COVID-19 health care staff vaccination requirement that requires individuals to either document their vaccination or document their exemption. Should you have any questions or comments, please email the Supplier Relations team at vendor-compliance@uiowa.edu.

NOTE: We recommend that you use one of the following browsers: Internet Explorer, Google Chrome, Mozilla Firefox, and Safari. For security purposes while logged in, anytime you are not actively using the system for approximately 20 minutes you will timeout from the system. Any unsaved work will need to be entered again from the beginning. To guard against this, we recommend that you save any changes once entered.

1) Step 1 – Login



- a. Enter your **User ID** which begins with 'ES- '. **User ID** is case sensitive, be sure to use the same case from the email you received with your login credentials.
- b. Enter your **Password** which is case sensitive, be sure to use the same case from the email you received with your login credentials. If it is the first time you are logging in, you will be asked to change your password and to set your forgotten password reminder.
- c. Select the **Sign In** button to continue to **Step 2**.

2) Step 2 – Provide COVID-19 Documentation



- a. Select the **Create a new COVID Questionnaire** hyperlink.

3) Step 3 – Not Onsite

The screenshot shows the Oracle ESup COVID-19 Questionnaire interface. At the top, there are navigation tabs: 'Favorites', 'Main Menu', 'Worklist', and 'COVID QUESTIONS'. Below this is the Oracle logo and a breadcrumb trail: 'Ui Esup Covid Ques'. The main heading is 'COVID-19 Questionnaire'. A message reads: 'Please complete the questionnaire below, noting that you will not be onsite, providing vaccination information and attaching proof of vaccination, or requesting an exception. When requesting an exception, medical exceptions will require a completed COVID-19 Medical Exemption Form to be attached, other exceptions allow attachments, but attachments are not required.' The user information is 'User ID ES-GRAYKILLMORE Killmore, Gray'. A checkbox labeled 'a. Will not be onsite' is checked. The form fields include: 'Vaccine Type' (dropdown), 'Date of first Vaccination' (calendar icon), 'Date of Second Vaccination' (calendar icon), 'Booster Type' (dropdown), and 'Booster Date' (calendar icon). There is an 'Exception Request' checkbox. Below the form is a table titled 'Attach Supported Documents' with columns: 'Attached File', 'Attachment Description', 'Comments', 'Upload', and 'View'. The table has one row with a file icon and the number '1'. At the bottom, there is a 'b. Save' button and a 'c. Return to Home' hyperlink.

- If you will not be onsite at any UI Health Care facility, select the **Will not be onsite** checkbox.
- Select the **Save** button once you have checked the box.
- Select the **Return to Home** hyperlink to continue to use eSupplier Connection.

4) Step 4 – Vaccine Information

The screenshot shows the Oracle ESup COVID-19 Questionnaire interface, Step 4: Vaccine Information. The layout is similar to Step 3. The 'Will not be onsite' checkbox is now unchecked. The form fields are now populated with labels: 'a. Vaccine Type' (dropdown), 'b. Date of first Vaccination' (calendar icon), 'c. Date of Second Vaccination' (calendar icon), 'd. Booster Type' (dropdown), and 'e. Booster Date' (calendar icon). The 'Attach Supported Documents' table is also present. At the bottom, there is a 'h. Save' button and a 'g. Return to Home' hyperlink.

- To provide vaccination information, select from list of valid options for **Vaccine Type**. Choose **Other** when none of the other selections apply. When choosing **Other**, provide the brand name of the vaccine that you received in the space provided.
- Enter the **Date of first Vaccination**.
- If you received a two-dose vaccine, enter the **Date of Second Vaccination** if you have received it. Note, the date entered must be after the **Date of first Vaccination**.

- d. If received, select from list of valid options for **Booster Type**. Choose **Other** when none of the other selections apply. When choosing **Other**, provide the brand name of the booster that you received.
- e. Enter the **Booster Date** if you have received a COVID-19 booster. Note, the date entered must be after the **Date of Second Vaccination**, unless you received a one-dose **Johnson and Johnson** vaccine in which case it must be after the **Date of first Vaccination**.
- f. Attach proof of vaccination in the **Attach Supported Documents** section of the page by selecting the **Upload** button, selecting the **Choose File** button, highlighting the file name, clicking the **Open** button, clicking the **Upload** button, entering an **Attachment Description** (optional), and entering **Comments** (optional).
- g. Select the **Save** button once you have entered your information.
- h. Select the **Return to Home** hyperlink to continue to use eSupplier Connection.

5) Step 5 – Medical Exception

UI COVID-19 Information

COVID-19 Questionnaire

Please complete the questionnaire below, noting that you will not be onsite, providing vaccination information and attaching proof of vaccination, or requesting an exception. When requesting an exception, medical exceptions will require a completed COVID-19 Medical Exemption Form to be attached, other exceptions allow attachments, but attachments are not required.

User ID ES-123PERSONWHOREGISTERED Miller,Susan
 Will not be onsite

a. Exception Request
 b. Medical Exception [c.COVID-19 Medical Exception Form](#)
 Religious Exception
 Waiting Per CDC Guidance

COVID-19 Vaccination Medical Accommodation Request Form

Please complete the information below to request a COVID-19 vaccination medical accommodation including attaching a completed medical accommodation request form. The medical accommodation request form can be found using the above link "COVID-19 Medical Exception Form".

If you need assistance in completing this form, please contact vendor-compliance@uiowa.edu.

d. For the purposes of the University's vaccination requirement, I request an exemption from Covid-19 vaccination requirements based on a recognized clinical contraindication to Covid-19 vaccines.

Verification and Accuracy

* I verify that the above information is complete and accurate to the best of my knowledge and I understand that any intentional misrepresentation contained in this request may result in disciplinary action.
 * I acknowledge that the Iowa Department of Public Health and the Center for Disease Control and Prevention have published information regarding the COVID-19 vaccination including that it is safe and effective at preventing severe illness from COVID-19 and limiting its spread, and that failure to obtain the vaccination increases the risk to myself and others of contracting, carrying, and spreading COVID-19.
 * I understand that approval of this request does not guarantee a particular accommodation.

e. I have read and understood the verifications above. By submitting this form, I agree to be bound by its terms and conditions.

f. Attach Supported Documents Personalize | Find | First 1 of 1 Last

Attached File	Attachment Description	Comments	Upload	View
1			Upload	View

h. Return to Home

g. Save

- a. To request a medical exemption, select **Exception Request** checkbox.
- b. Select the **Medical Exception** checkbox and read the entire form.
- c. Select the **COVID-19 Medical Exception Form** hyperlink to access the document that must be completed by your healthcare provider and attached to your request.
- d. Click the checkbox in the **COVID-19 Vaccination Medical Accommodation Request Form** section indicating your agreement.
- e. Click the checkbox in the **Verification and Accuracy** section indicating your agreement.
- f. Attach a completed **COVID-19 Medical Exception Form** in the **Attach Supported Documents** section of the page by selecting the **Upload** button, selecting the **Choose File** button, highlighting the file name, clicking

the **Open** button, clicking the **Upload** button, entering an **Attachment Description** (optional), and entering **Comments** (optional).

- g. Select the **Save** button once you have entered your information.
- h. Select the **Return to Home** hyperlink to continue to use eSupplier Connection.

6) Step 6 – Religious Exception

Oracle
Favorites Main Menu Worklist COVID QUESTIONS

UI Esup Covid Ques

COVID-19 Questionnaire

Please complete the questionnaire below, noting that you will not be onsite, providing vaccination information and attaching proof of vaccination, or requesting an exception. When requesting an exception, medical exceptions will require a completed COVID-19 Medical Exemption Form to be attached, other exceptions allow attachments, but attachments are not required.

User ID ES-GRAYKILLMORE Killmore, Gray

Will not be onsite

a. Exception Request

Medical Exception

b. Religious Exception

Waiting Per CDC Guidance

COVID-19 Vaccination Religious Accommodation Request Form

Please complete the information below to request a COVID-19 vaccination religious accommodation.

If you need assistance in completing this form, please contact vendor-compliance@uiowa.edu.

Statement of Religious Accommodation

I have a sincerely held religious belief, practice, or observance that precludes me from receiving the COVID-19 vaccination, or receiving the COVID-19 vaccine would conflict with the tenets and practices of a religion of which I am an adherent or member. This includes any non-theistic moral or ethical belief, observance or practice which is sincerely held with the strength of a religious view.

c. I request a religious accommodation based on the statement of Religious Accommodation above.

Verification and Accuracy

- * I verify that the above information is complete and accurate to the best of my knowledge and I understand that any intentional misrepresentation contained in this request may result in disciplinary action.
- * I acknowledge that the Iowa Department of Public Health and the Center for Disease Control and Prevention have published information regarding the COVID-19 vaccination including that it is safe and effective at preventing severe illness from COVID-19 and limiting its spread, and that failure to obtain the vaccination increases the risk to myself and others of contracting, carrying, and spreading COVID-19.
- * I understand that my request for an accommodation may not be granted if it creates an undue hardship for the University.
- * I understand that approval of this request does not guarantee a particular accommodation.

d. I have read and understood the verifications above. By submitting this form, I agree to be bound by its terms and conditions.

Attached File	Attachment Description	Comments	Upload	View
1			Upload	View

f. [Return to Home](#)

e. Save

- a. To request a medical exemption, select **Exception Request** checkbox.
- b. Select the **Religious Exception** checkbox and read the entire form.
- c. Click the checkbox in the **Statement of Religious Accommodation** section indicating your agreement.
- d. Click the checkbox in the **Verification and Accuracy** section indicating your agreement.
- e. Select the **Save** button once you have entered your information.
- f. Select the **Return to Home** hyperlink to continue to use eSupplier Connection.

7) Step 7 – Waiting Per CDC Guidance

The screenshot shows the Oracle COVID-19 Questionnaire interface. At the top, there are navigation tabs for 'Favorites', 'Main Menu', 'Worklist', and 'COVID QUESTIONS'. The page title is 'UI Esup Covid Ques'. The main heading is 'COVID-19 Questionnaire'. Below the heading, there is a paragraph of instructions: 'Please complete the questionnaire below, noting that you will not be onsite, providing vaccination information and attaching proof of vaccination, or requesting an exception. When requesting an exception, medical exceptions will require a completed COVID-19 Medical Exemption Form to be attached, other exceptions allow attachments, but attachments are not required.' The user information is displayed as 'User ID ES-GRAYKILLMORE Killmore.Gray' and a checkbox for 'Will not be onsite' is present. A section for 'Exception Request' contains three options: 'Medical Exception', 'Religious Exception', and 'Waiting Per CDC Guidance', with the latter being selected. An 'Exception end date' of '02/28/2022' is shown. Below this is a text area for a detailed explanation, labeled 'c.'. At the bottom, there is an 'Attach Supported Documents' section with a table for attachments and a 'Save' button.

Oracle

UI Esup Covid Ques

COVID-19 Questionnaire

Please complete the questionnaire below, noting that you will not be onsite, providing vaccination information and attaching proof of vaccination, or requesting an exception. When requesting an exception, medical exceptions will require a completed COVID-19 Medical Exemption Form to be attached, other exceptions allow attachments, but attachments are not required.

User ID ES-GRAYKILLMORE Killmore.Gray

Will not be onsite

a. Exception Request

Medical Exception

Religious Exception

b. Waiting Per CDC Guidance

Exception end date 02/28/2022

Please provide a detailed explanation below regarding why you are waiting per CDC guidance.

c.

Attach Supported Documents

Attached File	Attachment Description	Comments	Upload	View
1			Upload	View

[Return to Home](#)

d. Save

- To request a medical exemption, select **Exception Request** checkbox.
- Select the **Waiting Per CDC Guidance** checkbox.
- Enter details explaining your request in the box provided.
- Select the **Save** button once you have entered your information.
- Select the **Return to Home** hyperlink to continue to use eSupplier Connection.