

REQUEST FOR ACCOMMODATION: MEDICAL EXEMPTION FROM VACCINATION

To request an exemption from the required vaccination, you must complete section 1 below and have your medical provider complete section 2 before returning this form to the Human Resources Department.

SECTION 1

NAME (PRINT): _____ DATE: _____

SUPERVISOR: _____ WORK/CELL PHONE: _____

I am requesting a medical exemption from my employer's mandatory vaccination policy for the Coronavirus,

I verify that the information I am submitting to substantiate my request for exemption from my Employer's vaccination policy is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including termination.

I also understand that my Employer may not grant this exemption accommodation if doing so would pose a direct threat to myself or others in the workplace or would create an undue hardship for the Employer.

Signature: _____ Date: _____

SECTION 2

MEDICAL CERTIFICATION FOR VACCINATION EXEMPTION

EMPLOYEE NAME: _____

EMPLOYER NAME _____

Dear Medical Provider,

The above Employer requires vaccination against the Coronavirus as a condition of employment. The individual named above is seeking an exemption to this policy due to medical contraindications. A medical exemption from the Coronavirus vaccination may be allowed for certain recognized contraindications

Please complete the form below to assist the Employer in the reasonable accommodation process. Should you have any questions, please contact _____ at _____

The above employee should not receive the Coronavirus for the following reasons. (Please check all that apply.)

History of previous allergic reaction to indicate an immediate hypersensitivity reaction to a component of the vaccine.

The physician condition of the person or medical circumstances relating to the person are such that immunization is not considered safe please indicate the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization with the Coronavirus.

Other- please provide the information in a separate narrative that describes the exemption.

I certify the above information to be true and accurate, and request exemption from the Coronavirus vaccination for the above-named employee.

Medical Provider Signature: _____

Date: _____

Print Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Section 3

To be completed by Human Resources Representative

Date of initial request: __/__/____ Date certification received: __/__/____

Accommodation request:

Approved __/__/____

Describe specific accommodation details: _____

Denied __/__/____

Describe why accommodation is denied: _____

Name of Human Resource Representative: _____

Signature: _____

Date _____