**COVID-19 Vaccination Medical/Disability Exemption Request**

**[INSERT DATE]**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of EMPLOYER) will provide reasonable accommodations to qualified applicants and employees with Medical/Disability Exemptions, unless providing such accommodations would pose an undue hardship.

**Instructions for employees:**

**Below are initial intake questions for you to respond to in requesting a Medical/Disability exemption pursuant to Proclamation 21-14, *et seq*.**

Please return this form and your response to **[insert name and mailing address of CONTACT]**. Please complete your response no later than **[insert date]** to help us assure timelines for response can be met. To avoid delay, please feel free to electronically transmit your response to the following fax number: **[insert fax number]** or through secure email transmittal.

If you have any questions or need more information, please do not hesitate to contact **[insert CONTACT]** at **[insert phone number(s), or at email address(es)].**

To request an exemption from required vaccinations, please 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: |
| Dept.:  | Position: |
| Manager: | Work/Cell Phone: |

I am requesting a medical exemption from [Company Name]’s mandatory vaccination policy for the following vaccination(s):

I verify that the information I am submitting to substantiate my request for exemption from [Company Name]’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 further understand that [Company Name] is not required to provide 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 [Company Name].

|  |  |
| --- | --- |
| Employee Signature: | Date: |

**Section 2**

**Medical Certification for Vaccination Exemption**

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Medical Provider,

[Company Name] requires vaccination against *COVID-19* as a condition of employment. The individual named above is seeking an exemption to this policy due to medical contraindications.

Please complete this form to assist [Company Name] in the reasonable accommodation process.

|  |
| --- |
| **Are you licensed to practice in the state of Washington?** |
| **What is your area of practice and/or medical expertise?** |
| **The person named above should not receive the [*insert disease name*] vaccine due to:**  |
| **This exemption should be:*** Temporary, expiring on: \_\_/\_\_/\_\_\_\_, or when \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Permanent
 |

I certify the above information to be true and accurate, and request exemption from the [*insert disease name*] vaccination for the above-named individual.

|  |
| --- |
| **Medical Provider Name (print):** |
| **Medical Provide Signature:** | **Date:** |
| **Practice Name & Address:** | **Provider Phone:** |

**The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title** II **from requesting or requiring genetic information of an individual or family member of the individual. To comply with this law, we are asking that you not provide *anx* genetic information when responding to this request for medical information. "Genetic information,** ' **as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an emb o lawfully held by an individual or family member receiving assistive reproductive services. 29 CFR** § **1635.8(b)(1)(i)(B).**