REQUEST FOR MEDICAL EXEMPTION/ACCOMODATION FROM MANDATORY COVID-19 VACCINATION

Part 1 – To Be Completed by Employee:

To request a medical exemption from the COVID-19 vaccination requirement, you must fill out the information below, and your medical provider must complete Part 2 below.

Name: _____ Date of Birth: _____
Phone No: _____ E-mail: _____

Please provide detailed information as requested to ensure an individualized and timely review of the request (these requests will be reviewed on a case-by-case basis).

I am requesting a medical exemption to the requirement for a COVID-19 Vaccination or a delay because of a temporary condition or medical circumstances.

Verification and Accuracy

I have read and understand the EMPLOYER's policy on mandatory COVID-19 vaccination. By my signature below, I verify that I have a medical condition which exempts me from receiving the COVID-19 vaccine. I understand that the EMPLOYER may request further information from me, including supporting documentation, regarding my medical request for an exemption. I understand that any intentional misrepresentation contained in this request may result in disciplinary action.

I also understand that my request for an exemption/accommodation may not be granted if it creates an undue hardship or if it poses a direct threat to the health and/or safety of others the workplace and/or to me.

Signed: _____ Date: _____

Print Name: _____

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Part 2 – To be completed by Employee's Medical Provider:

Name: _____ Date of Birth: _____
Phone No: _____ E-mail: _____

Dear Provider:

The individual named above is seeking a medical exception to the requirement for COVID-19 vaccination or a delay because of a temporary condition or medical circumstance.

Please provide at least the following information, where applicable[1]:

1. The applicable contraindication or precaution for COVID-19 vaccination, and for each contraindication or precaution, indicate: (a) whether it is recognized by the CDC pursuant to its guidance; and (b) whether it is listed in the package insertor Emergency Use Authorization fact sheet for each of the COVID-19 vaccines authorized or approved for use in the United States;

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2. A statement that the individual's condition and medical circumstances relating to the individual are such that COVID-19vaccination is not considered safe, indicating the specific nature of the medical condition or circumstances that contraindicate immunization with a COVID-19 vaccine or might increase the risk for a serious adverse reaction; and

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3. Any other medical condition that would limit the employee from receiving any COVID-19 vaccine.

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4. Please provide the following information: A description of the medical condition for which the employee listed above should be excepted from complying with a COVID-19 vaccination requirement:

If this is a temporary condition or medical circumstance, when it is expected to end or expire?

The condition described above is: ☐ Temporary ☐ Permanent

I certify that the patient named above should not receive the COVID-19 vaccination due to a medical contraindication.

Provider Signature: _____ Date: _____
Provider Name: _____ Phone: _____

Please email completed form to:
afuchs@countrymanor.org

[1] 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, except as specifically allowed by this law. To comply with this law, we are asking that you do not provide any 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 embryo lawfully held by an individual or family member receiving assistive reproductive services. This authorization does not cover, and the information to be disclosed should not contain, genetic information.