



## Staff Recommendation

### Sample Request for Accommodation: Medical Exemption from Vaccination

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):

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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:
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## Section 2

### Medical Certification for Vaccination Exemption

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

Dear Medical Provider,

[*Company Name*] requires vaccination against [*insert disease name, such as COVID-19, influenza, etc.*] 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.

<b>The person named above should not receive the [<i>insert disease name</i>] vaccine due to:</b>
<b>This exemption should be:</b> <input type="checkbox"/> Temporary, expiring on: __/__/____, or when _____ <input type="checkbox"/> 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:

<b>HR USE ONLY</b>	
Date of initial request: __/__/____	Date certification received: __/__/____
Accommodation request:	
<input type="checkbox"/> Approved __/__/____ Describe specific accommodation details: _____	
<input type="checkbox"/> Denied __/__/____ Describe why accommodation is denied: _____	