

**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):

---

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 *[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.

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:

**HR USE ONLY**

Date of initial request: \_\_/\_\_/\_\_

Date certification received: \_\_/\_\_/\_\_

Accommodation request:

- Approved \_\_/\_\_/\_\_

Describe specific accommodation details:

\_\_\_\_\_

- Denied \_\_/\_\_/\_\_

Describe why accommodation is denied:

\_\_\_\_\_