



## **Employee Request for Medical Accommodation (COVID-19 Vaccination)**

To request a medical accommodation from COVID-19 vaccination requirements, employees should submit the **Employee Request for Medical Accommodation** form to certify that they have an underlying medical condition or disability that conflicts with the vaccination requirement. Employees must also provide the County's **Health Care Provider Certification Form (COVID-19 Vaccination Exemption)** fully completed and signed by their health care provider. These documents should be provided to the County's ADA Coordinator [[Alicia Kellie; akellie@smcgov.org](mailto:akellie@smcgov.org)] This information will be kept in a confidential file separate from the personnel file, and access will be limited to those with a need-to-know.

### **EMPLOYEE CERTIFICATION**

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

Employee Department/Division: \_\_\_\_\_

Employee Job Title: \_\_\_\_\_

Supervisor/Manager: \_\_\_\_\_

I understand that:

- Due to my occupational duties and the facility where I work, I may be at risk of exposure to COVID-19 despite the County's efforts to minimize such exposure.
- I have access to [information about COVID-19 vaccines](#) and understand that the CDC states that vaccines are effective at helping protect against severe disease and death from COVID-19 and that vaccines reduce the risk of spreading COVID-19.
- I can be vaccinated against COVID-19 free of charge.
- If I am not vaccinated, I will be required to comply with additional risk mitigation and safety measures to reasonably accommodate my medical condition or disability, such as continued face covering while indoors and completing routine surveillance testing on a weekly or twice-weekly basis, depending on my position.
- If I am granted an accommodation from this vaccination requirement but I subsequently become able to be vaccinated against COVID-19, I must report this change in my medical condition or disability status to the County.

- If I am granted an accommodation from this vaccination requirement, circumstances may change and the County may need to modify or revoke the accommodation if it is no longer reasonable, if it poses a direct threat to the health and/or safety of others in the workplace and/or me, or if it creates an undue hardship for the County.

I request an exemption from the COVID-19 vaccination requirement because I have a medical condition or disability that prevents me from being vaccinated.

I will provide to the County’s ADA Coordinator [Alicia Kellie; [akellie@smcgov.org](mailto:akellie@smcgov.org)] the County’s Health Care Provider Certification Form (COVID-19 Vaccination Exemption) completely filled out and signed by my healthcare provider with information sufficiently showing that I qualify for the exemption.

- This statement should not describe my underlying medical condition or disability.
- This statement must indicate the probable duration of my inability to receive the vaccine (or if the duration is unknown or permanent, so indicate).
- This statement must be received by the County before my medical accommodation can be approved.

I understand that the County may request additional supporting information to verify the nature or duration of my medical condition or disability or any limitations on my ability to receive a vaccination before granting my medical accommodation.

I understand that providing any false information—including claiming a medical condition or disability that I do not have or that does not actually prohibit me from being vaccinated—may lead to disciplinary action, up to and including termination of employment.

*I certify that the foregoing is true and correct.*

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Employee Signature

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Date