WEAKER WORDING

TEMPLATE

REQUEST FOR A MEDICAL EXCEPTION TO THE COVID-19 VACCINATION REQUIREMENT

Individuals who are required to be vaccinated against COVID-19 may seek a legal exception to the vaccination requirement due to a disability, using the form below. \_\_\_\_\_\_\_\_ (Company) may also ask for other information, as needed. Requests for “medical accommodation” or “medical exceptions” will be treated as requests for a disability accommodation and evaluated and decided under applicable Americans With Disabilities Act (ADA) standards for reasonable accommodation absent undue hardship to the agency.

An individual may also request a delay for complying with the vaccination requirement based on certain medical considerations that may not justify an exception under the ADA. An individual may also be granted a delay in getting the vaccination due to a covered medical condition, if one is warranted. \_\_\_\_\_\_\_\_ (Company) will be required to keep confidential any medical information provided, subject to the applicable ADA’s standards. Individuals who receive an exception or a delay from the vaccination requirement would instead comply with alternative health and safety protocols.

Signing this form constitutes a declaration that the information you provide is true and correct to the best of your knowledge and ability. Any intentional misrepresentations may result in legal consequences, including termination.

To request a medical exception or delay from the COVID-19 vaccination requirement using this form:

1. You must complete Part 1 of this form.
2. Your medical provider must complete Part 2 of this form.
3. When both are completed, you must submit the form to your organization’s designated point of contact.

All medical information collected from individuals, including vaccination information, test results, and any other information obtained as a result of testing, will be treated in accordance with applicable laws and policies on confidentiality and privacy.

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| **Part 1 – To Be Completed by the Individual Requesting the Exemption/Accommodation (Requestor)**  [Agencies should modify these fields as needed for purposes of identifying the employee.] | | | |
| **Requestor Name** | | **Date of Request** | |
|  | |  | |
| **Department** | | **Division** | |
|  | |  | |
| **Position** | **Supervisor** | | **Phone Number** |
|  |  | |  |

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| **Medical or Disability Exception Request** | |
| I am requesting a medical exception to the requirement for COVID-19 vaccination or a delay because of a temporary condition or a medical or psychological circumstance. I declare that the information I have provided is true and correct to the best of my knowledge and ability. If not, I understand that disciplinary action may result, up to and including termination | |
| **Requestor Signature** | |
|  | |
| **Print Name** | **Date** |
|  |  |

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| **Part 2 – To be Completed by the Requestor 's Medical Provider** |
| **Requestor Name** |
|  |
| **Medical Certification for COVID-19 Vaccine Exception** |
| Dear Medical Provider:  \_\_\_\_\_\_\_\_\_\_\_\_\_ (Company) requires its employees/contractors/volunteers to be fully vaccinated against COVID-19. The individual named above is seeking a medical or psychological exception to the requirement for COVID-19 vaccination or a delay because of a temporary condition or medical or psychological circumstance. Please complete this form to assist \_\_\_\_\_\_\_\_\_\_\_\_\_ (Company) in its reasonable accommodation process. If you have questions about completing this form, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_ (Company)’s reasonable accommodation coordinator at [EMAIL AND PHONE HERE].    Please provide at least the following information, where applicable:   1. Identify specifically the medical/psychological condition or disability this individual has that would qualify as being an exception to getting a COVID-19 vaccination. 2. For each condition listed, also please specifically list each COVID-19 vaccination the individual cannot receive and why: Pfizer, Moderna and Janssen. 3. Please include a statement why the individual’s medical or psychological condition or disability are such that none of the COVID-19 vaccinations are considered safe for this person. Please indicate the specific nature of the medical condition or disability that any of the COVID-19 vaccines might increase the risk for a serious adverse reaction. |
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| **The condition described above is:** |  |  | temporary | |  | long-term |
|  | | | | | |
| If this is a temporary condition or medical circumstance, when it is expected to end or expire (allowing for COVID-19 vaccination to begin after the date you provided).  Please see CDC acceptable circumstances for delaying someone’s COVID-19 vaccination at the end of this form.  “I assert that all of the information I am providing is true and accurate.” | | | | | | |
| **Medical Provider Name/Title** | | | | | | |
|  | | | | | | |
| **Medical Provider Signature** | | | | **Date** | | |
|  | | | |  | | |

**Delayed Vaccination**

In the following circumstances, the CDC recommends delaying vaccination for COVID-19 for adults:

* Vaccination of people with known current SARS-CoV-2 infection should be delayed until the person has recovered from the acute illness (if the person had symptoms), and they have met criteria to discontinue isolation.
* People with a history of multisystem inflammatory syndrome in adults (MIS-A) should consider delaying vaccination until they have recovered from their illness and for 90 days after the date of diagnosis of MIS-A.
* Vaccination should be delayed for 90 days after receiving monoclonal antibodies or convalescent plasma for COVID-19 treatment.
* Whenever possible, mRNA COVID-19 vaccination doses (including the primary series and an additional dose) or the single dose Johnson and Johnson (J&J)/Janssen vaccine should be completed at least two weeks before initiation or resumption of immunosuppressive therapies, but timing of COVID-19 vaccination should take into consideration current or planned immunosuppressive therapies and optimization of both the patient’s medical condition and response to vaccine. A patient’s clinical team is best positioned to determine the degree of immune compromise and appropriate timing of vaccination.
* People who develop myocarditis or pericarditis after a dose of an mRNA COVID-19 vaccine should delay receiving a subsequent dose. People who choose to receive a subsequent dose should wait until myocarditis has completely resolved.
* People who have a history of myocarditis or pericarditis unrelated to mRNA COVID-19 vaccination may receive any currently FDA-approved or FDA-authorized COVID-19 vaccine after the episode of myocarditis or pericarditis has completely resolved. This includes resolution of symptoms attributed to myocarditis or pericarditis, as well as no evidence of ongoing heart inflammation or sequelae as determined by the person’s clinical team, which may include a cardiologist, and special testing to assess cardiac recovery.

This is not an exhaustive list of the circumstances in which clinical considerations may recommend in favor of delaying vaccination.

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Scott Warrick, JD, MLHR, CEQC, SHRM-SCP ([www.scottwarrick.com](http://www.scottwarrick.com)) is both a practicing Employment Law Attorney and Human Resource Professional with 40 years of hands-on experience.

Scott combines the areas of law and human resources to help organizations in “Solving Employee Problems ***BEFORE*** They Start.” Scott’s goal is ***NOT*** to win lawsuits. Instead, Scott’s goal is to ***PREVENT THEM*** while improving ***EMPLOYEE MORALE***.

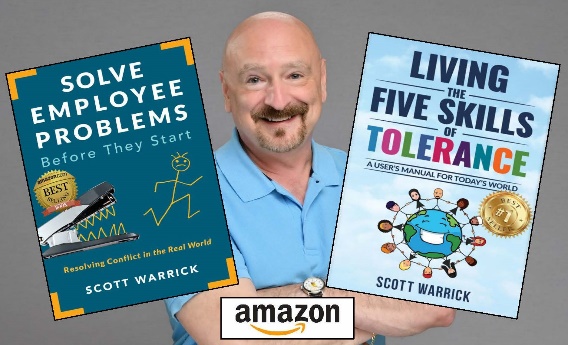
Scott is also a best-selling author. His first book, [***Solve Employee Problems Before They Start: Resolving Conflict in the Real World***](https://scottwarrick.com/), is a #1 Best Seller for Business and Conflict Resolution. It was also named by EGLOBALIS as one of the best global Customer and Employee books for 2020-2021. Scott’s most recent book, [***Living The Five Skills of Tolerance***](https://scottwarrick.com/tolerance-and-diversity-for-white-guys/)***: A User’s Manual For Today’s World***, is also a #1 Best Seller in 13 categories, including Business Leadership, Educational Leadership, Minority Studies, Organizational Change, Religious Intolerance and Race Relations.

Scott’s [***MASTER HR TOOL KIT SUBSCRIPTION***](https://scottwarrick.com/products/hr-toolkit/)is a favorite for anyone wanting to learn Employment Law and run an HR Department.

Scott has been named one of Business First’s 20 People To Know In HR, CEO Magazine’s 2008 Human Resources “Superstar,” a Nationally Certified Emotional Quotient Counsellor (CEQC) and a SHRM National Diversity Conference Presenter in 2003, 2006, 2007, 2008 and 2012. Scott has also received the Human Resource Association of Central Ohio’s Linda Kerns Award for Outstanding Creativity in the Field of HR Management and the Ohio State Human Resource Council’s David Prize for Creativity in HR Management.

Scott’s academic background and awards include Capital University College of Law (Class Valedictorian (1st out of 233) and Summa Cum Laude), Master of Labor & Human Resources and B.A. in Organizational Communication from The Ohio State University.

**For more information on Scott, just go to** [**www.scottwarrick.com**](http://www.scottwarrick.com).

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