

Request for Accommodation: Medical Exemption from Vaccination

Para Los Niños is committed to providing equal employment opportunities without regard to any protected status and a work environment that is free of unlawful harassment, discrimination, and retaliation. As such, Para Los Niños is committed to complying with all laws protecting individuals with disabilities or medical conditions. When requested, Para Los Niños will provide an exemption/reasonable accommodation for any known disability of a qualified individual and/or sincerely held religious belief which prevents the employee from receiving a COVID-19 vaccine, provided the requested accommodation is reasonable and does not create an undue hardship for Para Los Niños and/or pose a direct threat to the health or safety of others in the workplace and/or to the requesting employee.

To request an Exemption/Accommodation related to Para Los Niños' COVID-19 vaccination policy, please complete Section 1 of this form (if you are seeking an exemption based on disability, have your healthcare provider complete Section 2, the certification portion), and return them to Human Resources.

This information will be used by Human Resources or other appropriate personnel to engage in an interactive process to determine whether an employee is eligible for such exemption/accommodation and if so, to determine the reasonable accommodations which can be provided that would enable the employee to perform the essential functions of their position without posing a threat of harm to self or others.

If an employee refuses to provide such information, the employee's refusal may impact the Para Los Niños' ability to adequately understand the employee's request or to effectively engage in the interactive process to identify possible accommodations.

Section 1

Name (print):	Date:
Dept.:	Position:
Manager:	Work/Cell Phone:

I am requesting a medical exemption from Para Los Niños' mandatory vaccination policy for the following vaccination(s): COVID-19

The basis for my accommodation request is:

Disability/Medical grounds: All disability/medical exemptions must be verified with a completed form from the employee's healthcare provider, in addition to the employee completing this form. The form to provide to the healthcare provider is attached here in Section2.

Religious grounds. I certify that the receipt of the COVID-19 vaccination would conflict with or violate my sincere religious beliefs, practices, or observances.



I verify that the information I am submitting to substantiate my request for exemption from Para Los Niños' 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 Para Los Niños 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 Para Los Niños.

Employee Signature:	Date:
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**Section 2
Medical Certification for Vaccination Exemption**

Employee Name: _____

Dear Medical Provider,

The above-named individual's employer, Para Los Niños, requires vaccination against COVID-19 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 Para Los Niños in the reasonable accommodation process.

Please state whether the worker identified above must be excused from receiving Covid-19 vaccine due to a medical condition or disability. Do not describe the underlying medical condition or disability:

<p>This exemption should be:</p> <p><input type="checkbox"/> Temporary, expiring on: __/__/____, or when _____</p> <p><input type="checkbox"/> Permanent</p>

I certify the above information to be true and accurate, and request exemption from the COVID-19 vaccination for the above-named individual.

Medical Provider Name (print):	
Medical Provide Signature:	Date:
Practice Name & Address:	Provider Phone:

HR USE ONLY

Date this Request Form Received in Human Resources:

Interactive Discussion Date(s):

Exemption/Accommodation granted? _____ Yes _____ No



Describe Exemption/Accommodation:

If Exemption/Accommodation granted, list required alternative safety precautions required:

If Exemption/Accommodation not granted, explain why:

Name of Representative: _____

Signature of Representative: _____

Date: _____

