

MEDICAL ACCOMMODATION REQUEST FORM – COVID-19 VACCINATION

BACKGROUND

[Proclamation 21-14.1](#) mandates that all school and school district employees become fully vaccinated against COVID-19 or obtain an approved medical or religious accommodation by October 18, 2021 as a condition of continued employment.

The Proclamation States:

In implementing the requirements of this Order, State Agencies, operators of Educational Settings, and operators of Health Care Settings: ...Must, to the extent permitted by law, before providing a disability-related reasonable accommodation to the requirements of this order, obtain from the individual requesting the accommodation documentation from an appropriate health care or rehabilitation professional stating that the individual has a disability that necessitates an accommodation and the probable duration of the need for the accommodation.

What This Means

For a school district to grant a reasonable accommodation to an employee to remain unvaccinated after October 18, 2021, the school district must receive documentation from the employee's medical provider by **[district deadline]** to allow time for review by Human Resources (HR). That documentation must confirm that the employee is medically unable to receive any of the available COVID-19 vaccines. The documentation must also include a duration of time the accommodation will be needed.

Employees can expect an interactive process at the beginning of the steps to determine whether the circumstances qualify under the exemption requirements. Then, if the exemption is approved, the employer may need to engage further in the interactive process about whether an effective reasonable accommodation exists to allow them to perform the essential functions of their job. Each case will be evaluated on a case-by-case basis to determine whether or not an effective reasonable accommodation may exist. Following the interactive process, the employee will be notified what accommodations, if any, are available to permit them to continue in their position absent the vaccination.

Employers cannot grant an accommodation related to medical condition or disability to any employee to remain unvaccinated after October 18, 2021 if they have not received this documentation.

Instructions for Employees Seeking a Medical Accommodation

To request a reasonable medical accommodation from the COVID-19 vaccine requirement due to a medical condition or disability, employees must:

- Complete the district's Reasonable Accommodation request process, including completion of a waiver and authorization to release information for the medical provider and return both to the HR Office.
- Obtain the completed questionnaire below from an appropriate health care or rehabilitation professional. This form must be submitted to the HR Office.

The district may wish to modify this section to fit their preferred process.
Option 1: Employee provides contact information for their medical provider and release form, then HR sends questionnaire to provider; OR
Option 2: Employee takes questionnaire directly to their medical provider, who returns completed questionnaire to HR.

MEDICAL ACCOMMODATION REQUEST FORM – COVID-19 VACCINATION

COVID-19 VACCINE PROCLAMATION MEDICAL QUESTIONNAIRE

[Name of Health Care Provider]

[Address of Health Care Provider]

Re: [Name of employee]

Dear [Name of doctor]:

[Name of employee] is employed with the [name of district] as [position/title] within the [division/administration if relevant]. [Name of employee] has disclosed they have a medical condition or disability which may prevent them from receiving an authorized COVID-19 vaccine.

We are requesting you complete the following form to help us to understand whether [name of employee] has a medical condition or disability which prevents them from receiving an authorized COVID-19 vaccine. We have also enclosed a "Waiver and Authorization to Release Information" form signed by [name of employee].

Are you authorized to practice in the state of Washington, a state that borders Washington, or the employee's state of residence?

YES _____ NO _____

What is your area of practice and/or medical expertise?: _____

When did you begin treating this patient? Date: _____

When is the last time you treated this patient? Date: _____

[Name of employee] has disclosed they have a medical condition or disability that may prevent them from receiving an authorized COVID-19 vaccine. Does [name of employee] have such a condition or disability?

YES _____ NO _____

If you responded "yes" to question 3, what is the anticipated duration of the medical condition or disability which prevents [name of employee] from receiving an authorized COVID-19 vaccination?

In your medical opinion, would a leave of absence be effective in allowing [name of employee] to receive an authorized COVID-19 vaccine so they may return to the full duties of their position at the conclusion of the leave?

YES _____ NO _____

MEDICAL ACCOMMODATION REQUEST FORM – COVID-19 VACCINATION

In your medical opinion, if a leave of absence is indicated, what is the anticipated duration of leave required that would permit **[name of employee]** to be able to receive an authorized COVID-19 vaccine?

YES _____ NO _____

I, Dr. _____, declare that, in my professional opinion, the above responses are true and accurate, to the best of my knowledge and ability.

Signature

Date

Medical Provider: Please return this form and your response to **[name]**. We would very much appreciate your cooperation by completing your response no later than **[date]**. Please return your response to the following email address, fax number, or mailing address: **[contact information]**.

The Authorization to Release Information form, signed by the employee, is attached. If you have any questions, please do not hesitate to contact **[name of responsible district personnel]** at **[phone number(s), or at email address(es)]**. **Please do not send or include any sensitive medical information if you contact us by email. We can discuss your questions and the method by which you can send your medical information to us, over the phone.**

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. 29 CFR § 1635.8(b)(1)(i)(B).