

# **Mandatory COVID-19 Vaccination Medical or Disability Exemption/Accommodation Request Form**



King County Executive Branch employees must be fully vaccinated against COVID-19 by October 18, 2021. King County will provide an exemption/accommodation in compliance with laws protecting individuals with disabilities for any known medical condition or disability which prevents an employee from being fully vaccinated against COVID-19, provided that the accommodation is reasonable and does not create an undue hardship for King County and/or pose a direct threat to the health or safety of others in the workplace and/or to the requesting employee.

This form is intended to assist King County in assessing any request for an exemption/accommodation from being vaccinated against COVID-19 based upon a medical condition or disability. To request an exemption/accommodation from King County's COVID-19 vaccination requirement:

1. The employee must complete Part 1 of this form.
2. The employee's health care provider must complete Part 2.
3. When both are completed, the employee must submit the form to their agency's Human Resources department or to Transit Disabilities Services (if the employee is in Metro Transit).

Human Resources, or other appropriate personnel, will engage in an interactive process to determine whether the employee is eligible for an exemption/accommodation and if so, will determine if a reasonable accommodation can be provided that will enable the employee to perform the essential functions of their position without posing an undue hardship on the county or a threat to the employee or others. Medical information will be kept in a separate medical file, in a location that is accessible only to authorized personnel, and will remain confidential to the extent permitted by law.

## **Part 1 – To be Completed by the Employee**

<b>Employee Name</b>		<b>Date of Request</b>
<b>Department</b>		<b>Division</b>
<b>Position</b>	<b>Supervisor</b>	<b>Phone Number</b>

**Medical or Disability Exemption Request**

I am requesting a medical exemption/accommodation from King County's mandatory COVID-19 vaccination policy. I verify that the information I am submitting to substantiate my request for exemption/accommodation from King County's COVID-19 vaccination policy is complete and accurate to the best of my knowledge. I understand that any intentional misrepresentation may result in disciplinary action, up to and including termination.

**Employee Signature****Print Name****Date****Part 2 – To be Completed by the Employee's Medical Care Provider****Employee Name****Medical Certification for COVID-19 Vaccine Exemption**

Dear Medical Provider:

King County requires its employees to be fully vaccinated against COVID-19. The individual named above is seeking an exemption/accommodation from this policy due to medical circumstances. Please complete the below form to assist King County in the reasonable accommodation process.

Please provide at least the following information where applicable:

1. The applicable CDC contraindication for the COVID-19 vaccine.
2. The applicable contraindication found in the manufacturer's package insert for the COVID-19 vaccine.
3. A statement that the physical condition of the person or medical circumstances relating to the person are such that the COVID-19 immunization is not considered safe, indicating the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization with the COVID-19 vaccine.
4. Any other medical condition, including the objective medical reasons, which would prevent the employee from receiving the COVID-19 vaccine.

**Description of the medical condition for which the employee listed above should be exempted from complying with King County's COVID-19 vaccine requirement:**

<b>The condition described above is:</b>		<input type="checkbox"/> temporary	<input type="checkbox"/> permanent
If this is a temporary condition, when will it end or expire:			
<b>Medical Provider Name/Title</b>			
<b>Medical Provider Signature</b>		<b>Date</b>	
<b>Part 3 – To be Completed by HR Representative or Metro Transit Disability Services</b>			
<b>Date request was received</b>		<b>Date certification received</b>	
<b>Request received by</b>		<b>Was form completed properly?</b>	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Completed forms should be submitted to the Medical Accommodation Request Committee (<a href="mailto:dhrrmedicalaccommodationcommittee@kingcounty.gov">dhrrmedicalaccommodationcommittee@kingcounty.gov</a>) for review and final determination of exemption/accommodation.</b>			
Based on the committee's direction, describe the interactive process with the employee (if applicable):			
<b>Based on the Committee's direction, was the exemption/accommodation granted?</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>If granted, describe the accommodation, including any alternative safety precautions required:</b>			
<b>If an exemption was not granted, explain why:</b>			
<b>HR Representative Signature</b>			
<b>HR Representative Name</b>		<b>Date</b>	