

Request for an Exception to the COVID-19 Vaccination Requirement Due to Employee's Medical Condition



Sidwell Friends School (the “School”) is committed to the safety and health of its community and to providing excellent, in-person educational programming for its students. The School has therefore implemented a policy whereby all School employees must be vaccinated for COVID-19 prior to the start of the 2021/22 school year.

However, the School will review, on a case-by-case basis, requests for an exemption from this vaccination requirement by those employees who will not receive a vaccine for medical reasons. An employee seeking such an exemption must upload this form to Magnus Health (linked from the [Faculty/Staff portal](#), look for “[Update your Health Information](#)”) by July 15, 2021, which includes certification by the employee’s health care provider on the following information:

1. Certification that (a) the employee has a contraindication to all of the available COVID-19 vaccines, and/or (b) the employee’s physical condition or medical circumstances are such that COVID-19 immunization is not considered safe; and
2. The specific nature and probable duration of the employee’s medical condition or circumstances that contraindicate immunization with the COVID-19 vaccine.

This information will be used by Human Resources or other appropriate personnel to engage in an interactive process to determine whether the employee is eligible for an exemption to the School’s COVID-19 vaccination policy and, if so, to determine the reasonable accommodations that 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.

Please fill out the form on the next page.

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Instructions for completing this form

Return to Sidwell Friends School via Magnus Health by July 15, 2021

Section 1: Enter employee information

Section 2: Licensed healthcare provider signs and dates certifying that the employee has a valid medical contraindication(s) to being immunized against COVID-19.

Section 3: Employee signs and dates request for a medical exemption from the COVID-19 vaccine.

Section 1: Employee Information			
Name	Date of Birth	Division	
Street Address	City	Zip	Phone
Name and Address of Healthcare Provider	City	Zip	Phone

Section 2: Licensed Health Practitioner's Certifications To be completed by licensed health care provider
1. Please describe the nature of the employee's medical condition.
2. What is the medical contraindication for this employee to receive the COVID-19 vaccine? Please describe the contraindication (e.g. severe immunodeficiency, anaphylactic reaction to vaccines, etc.).
3. Is this medical contraindication permanent or temporary? Permanent Temporary until _____ (date)

continued on next page

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Section 2: Licensed Health Practitioner's Certifications To be completed by licensed health care provider	
<p>This individual has been appropriately examined and health history reviewed and recorded in accordance with the items specified on this form.</p> <p>I certify that the above named individual has a valid medical contraindication(s) to being immunized at this time against COVID-19.</p>	
<p>Licensed Health Care Provider Office Stamp:</p> 	
<p>_____</p> <p><i>Provider Signature</i></p>	<p>_____</p> <p><i>Date</i></p>
<p>_____</p> <p><i>Provider Name</i></p>	<p>_____</p> <p><i>Provider Phone Number</i></p>

Section 3: Employee Signature	
<p>Medical Exemption for COVID-19 Vaccine</p> <p>By signing below, I am requesting that the School consider making a medical accommodation exempting me from the requirement that all employees receive a COVID-19 vaccination.</p> <p>I agree to engage in an interactive process to determine my eligibility for an exemption to the School's COVID-19 vaccination policy. I also understand that the School may deny my exemption request (or may subsequently withdraw its approval) if it determines that my request is not reasonable, poses a direct threat to the health and/or safety of others in the workplace and/or to me, or creates an undue burden for the School.</p> <p>I verify that the information I am submitting in support of my request for an accommodation is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action.</p>	
<p>_____</p> <p><i>Employee Signature</i></p>	<p>_____</p> <p><i>Date</i></p>
<p>_____</p> <p><i>Employee Name</i></p>	