

## Request for Accommodation: Medical Exemption from Vaccination

YWCA 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, the Association is committed to complying with all laws protecting individuals with disabilities or medical conditions. When requested the company will provide an exemption/reasonable accommodations for any known medical condition or disability of a qualified individual which prevents the employee from receiving a vaccination that is strongly encouraged by the YWCA for staff safety, provided the requested accommodation is reasonable and does not create an undue hardship for the YWCA 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 from required vaccinations, please complete section 1 below and have your medical provider complete section 2 before returning this form to the human resources department.

### Section 1

Name (print):	Date:
Dept.: <input type="checkbox"/> CSB <input type="checkbox"/> DVPP <input type="checkbox"/> SARP <input type="checkbox"/> TCH <input type="checkbox"/> ADMIN/MAINTENANCE	Position:
Manager:	Work/Cell Phone:

I am requesting a medical exemption from YWCA of Central Virginia's voluntary vaccination policy for the following vaccination(s) (please list on the line below):

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I verify that the information I am submitting to substantiate my request for exemption from YWCA of Central Virginia's 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 YWCA of Central Virginia 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 YWCA of Central Virginia.

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

Employee Name: \_\_\_\_\_

Dear Medical Provider,

YWCA of Central Virginia encourages vaccination against influenza, COVID-19, and other highly-communicable infectious diseases for the health and safety of our employees and clients who receive in-person services. The individual named above is wishing to codify an exemption from vaccination due to medical contraindications.

Please complete this form to assist YWCA of Central Virginia in the reasonable accommodation process.

### Vaccination

- Influenza (Annual)                       COVID-19                       Hepatitis A  
 Other (please list): \_\_\_\_\_

<b>The person named above should not receive the below listed vaccine due to:</b>
<b>This exemption should be:</b>
<input type="checkbox"/> Temporary, expiring on: __/__/____, or when _____ <input type="checkbox"/> Permanent

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

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

### HR USE ONLY

Date of initial request: \_\_/\_\_/\_\_\_\_                      Date certification received: \_\_/\_\_/\_\_\_\_

Accommodation request:

- Approved \_\_/\_\_/\_\_\_\_  
 Describe specific accommodation details: \_\_\_\_\_  
 Denied \_\_/\_\_/\_\_\_\_  
 Describe why accommodation is denied: \_\_\_\_\_