Request for Accommodation: Medical Exemption from Vaccination

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: Date of Hire:
Dept.:	Position:
Manager:	Work/Cell Phone:

I am requesting a medical exemption from St. Joseph's Health mandatory vaccination policy for the following vaccination(s):

_____

I verify that the information I am submitting to substantiate my request for exemption from St. Joseph's Health 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 St. Joseph's Health 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 St. Joseph's Health.

Employee Signature:	Date:

SECTION 2

Medical Certification for Vaccination Exemption

Employee Name: _____

Dear Medical Provider,
St. Joseph's Health requires vaccination against *COVID-19 and influenza,* 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 St. Joseph's Health in the reasonable accommodation process and email to: vacexemptrequest@sjhmc.org.

The person named above should not receive the COVID-19/ Influenza vaccine due to: (circle which vaccine)
This exemption should be: Temporary, expiring on: __/__/____, or when _____ Permanent

I certify the above information to be true and accurate, and request exemption from the vaccine circled above 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: _____
_____