



## COVID-19 Vaccination

### Medical or Disability Exemption/Accommodation Request Form

The CCBA will provide an exemption/accommodation in compliance with laws protecting individuals with disabilities for any known medical condition or disability which prevents a member from being fully vaccinated against COVID-19, provided that the accommodation is reasonable and does not create an undue hardship for the CCBA and/or pose a direct threat to the health or safety of others and/or to the requesting member.

This form is intended to assist the CCBA 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 CCBA's vaccination requirement, the following steps must be completed:

1. The individual must complete Part 1 of this form.
2. The individual's health care provider must complete Part 2.
3. When both are completed, the individual must submit the form to the Executive Director.

The Executive Director, or other appropriate personnel, will engage in an interactive process to determine whether the member is eligible for an exemption/accommodation and if so, will determine if a reasonable accommodation can be provided that will enable the member to perform the essential functions of their position without posing an undue hardship or a threat to the member 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 Member:

##### Medical or Disability Exemption Request

I am requesting a medical exemption/accommodation from the CCBA's requirement to obtain the COVID-19 vaccination. I verify that the information I am submitting to substantiate my request for exemption/accommodation from the CCBA'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 or revocation of my membership.

Member Name: \_\_\_\_\_

Member Signature: \_\_\_\_\_ DATE: \_\_\_\_\_



**Part 2: To be completed by Medical Provider:**

**PATIENT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Dear Medical Provider:

The CCBA requires its employees and members 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 form below to assist the CCBA in the reasonable accommodation process.

Please provide 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 member listed should be exempted from complying with the CCBA’s COVID-19 vaccine requirement:

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Is the condition: Temporary/Permanent?

If Temporary: When will condition expire? \_\_\_\_\_

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**Medical Provider Name & Title:** \_\_\_\_\_

**Provider Signature:** \_\_\_\_\_

**Provider Phone Number:** \_\_\_\_\_

