



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:
Dept.:	Position:
Manager:	Work/Cell Phone:

I am requesting a medical exemption from Sonia Inc’s mandatory vaccination policy for the following vaccination(s):

I verify that the information I am submitting to substantiate my request for exemption from Sonia Inc’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 Sonia Inc 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 Sonia Inc.

Employee Signature:	Date:
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Section 2

Medical Certification for Vaccination Exemption

Employee Name: _____

Dear Medical Provider,

Sonia Inc requires vaccination against *COVID-19* 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 Sonia Inc in the reasonable accommodation process.

The person named above should not receive the COVID-19 vaccine due to:

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 COVID-19 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:
