

REQUEST FOR ACCOMMODATION: MEDICAL EXEMPTION FROM COVID-19 VACCINATION

To request an exemption from the required COVID-19 vaccination, complete Section 1 below and have your medical provider complete Section 2 before emailing this form in its entirety to careadvisors@priviahealth.com.

Section 1

Employee Name (print): _____

Work/Cell Phone: _____ Manager: _____

Team: _____ Position: _____

- I am requesting a medical exemption from CSCI's mandatory vaccination policy for the COVID vaccination.
- I verify that the information I am submitting to substantiate my request for exemption from CSCI'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 understand that CSCI 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 CSCI.

Employee Signature: _____

Date: _____

Section 2: Medical Certification for Vaccination Exemption

Employee Name: _____

Employee Date of Birth: _____

Dear Medical Provider:

CSCI requires its employees to be vaccinated 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 CSCI 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 the following event occurs:

Permanent.

I certify the above information is true and accurate and request that the above-named individual be exempt from receiving the COVID-19 vaccination.

Medical Provider Name (print): _____

Medical Provide Signature: _____ Date: ____/____/____

Practice Name & Address: _____

Provider Phone: _____

Provider NPI: _____

Section 3: HR Use Only

Employee Name: _____

Employee Date of Birth: _____

Date of initial request: __/__/____ Date certification received: __/__/____

Accommodation request:

Approved __/__/____

Describe specific accommodation details:

Denied __/__/____

Describe why accommodation is denied:
