

MEDICAL ACCOMMODATION REQUEST FORM – COVID-19 VACCINATION

BACKGROUND

[Proclamation 21-14.1](#) mandates that all school and school district employees become fully vaccinated against COVID-19 or obtain an approved medical or religious accommodation by October 18, 2021 as a condition of continued employment.

The Proclamation States:

In implementing the requirements of this Order, State Agencies, operators of Educational Settings, and operators of Health Care Settings: ...Must, to the extent permitted by law, before providing a disability-related reasonable accommodation to the requirements of this order, obtain from the individual requesting the accommodation documentation from an appropriate health care or rehabilitation professional stating that the individual has a disability that necessitates an accommodation and the probable duration of the need for the accommodation.

What This Means

For a school district to grant a reasonable accommodation to an employee to remain unvaccinated after October 18, 2021, the school district must receive documentation from the employee's medical provider by **Friday, September 17, 2021**, to allow time for review by Human Resources (HR). That documentation must confirm that the employee is medically unable to receive any of the available COVID-19 vaccines. The documentation must also include a duration of time the accommodation will be needed.

Employees can expect an interactive process at the beginning of the steps to determine whether the circumstances qualify under the exemption requirements. Then, if the exemption is approved, the employer may need to engage further in the interactive process about whether an effective reasonable accommodation exists to allow them to perform the essential functions of their job. Each case will be evaluated on a case-by-case basis to determine whether or not an effective reasonable accommodation may exist. Following the interactive process, the employee will be notified what accommodations, if any, are available to permit them to continue in their position absent the vaccination.

Employers cannot grant an accommodation related to medical condition or disability to any employee to remain unvaccinated after October 18, 2021 if they have not received this documentation.

Instructions for Employees Seeking a Medical Accommodation

To request a reasonable medical accommodation from the COVID-19 vaccine requirement due to a medical condition or disability, employees must:

- Complete the district's Reasonable Accommodation request process, including completion of a waiver and authorization to release information for the medical provider and return both to the HR Office.
- Obtain the completed questionnaire below from an appropriate health care or rehabilitation professional. This form must be submitted to the HR Office.
- Employee takes questionnaire directly to their medical provider, who returns completed questionnaire to HR.

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COVID-19 VACCINE PROCLAMATION MEDICAL QUESTIONNAIRE

Name of Health Care Provider:

Address:

City:

State:

Zip:

Re: **Patient Name:**

Dear **Name of doctor:**

Enter your name below

Enter your position/title

is employed with the **Granite Falls School District** as
at has disclosed they have a medical condition or disability which may prevent them from
receiving an authorized COVID-19 vaccine.

EMPLOYEE STOP HERE! Your health care provider will need to complete the next section and return form to GFSD HR Dept.

We are requesting you complete the following form to help us to understand whether
has a condition or disability which prevents them from receiving an authorized COVID-19 vaccine. We have
also enclosed a "Waiver and Authorization to Release Information" form signed by .

Are you authorized to practice in the state of Washington, a state that borders Washington, or the employee's
state of residence?

YES

NO

What is your area of practice and/or medical expertise? _____

When did you begin treating this patient? Date: _____

When is the last time you treated this patient? Date: _____

has disclosed they have a medical condition or disability that may prevent them from
receiving an authorized COVID-19 vaccine. Does have such a condition or disability?

YES

NO

If you responded "yes" to question 3, what is the anticipated duration of the medical condition or disability
which prevents from receiving an authorized COVID-19 vaccination?

In your medical opinion, would a leave of absence be effective in allowing to receive
an authorized COVID-19 vaccine so they may return to the full duties of their position at the conclusion of
the leave?

YES

NO

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In your medical opinion, if a leave of absence is indicated, what is the anticipated duration of leave required that would permit _____ to be able to receive an authorized COVID-19 vaccine?

YES

NO

I, Dr. _____, declare that, in my professional opinion, the above responses are true and accurate, to the best of my knowledge and ability.

Signature

Date

Medical Provider: Please return this form and your response to **Jennifer Harmon**. We would very much appreciate your cooperation by completing your response no later than **Friday, September 17, 2021**. Please return your response to the following email address or fax number: jharmon@gfalls.wednet.edu or fax (425) 224-2780.

The Authorization to Release Information form, signed by the employee, is attached. If you have any questions, please do not hesitate to **contact Jennifer Harmon, HR Director at 360-283-4309, or jharmon@gfalls.wednet.edu**. Please do not send or include any sensitive medical information if you contact us by email. We can discuss your questions and the method by which you can send your medical information to us, over the phone.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. 29 CFR § 1635.8(b)(1)(i)(B).