

[Date]

Re: Request for Exemption from Mandatory COVID-19 Vaccine Requirement

Dear [Employee Name]:

On behalf of [Name of Employer] (the “Company”), I write in response to your request to be exempt from the Company’s COVID-19 mandatory vaccination policy as an accommodation due to an underlying medical condition. *[If the employee has also requested other accommodation(s) based on their disability (e.g., continuing to work from home) add: You have also requested the following additional accommodation(s) due to your underlying medical condition: [fill in].]*

In order for us to fully and properly assess your request[s], we require that you provide the attached letters to your treating healthcare provider and request that they provide us with the information requested therein **by no later than close of business on [date]**.

Once we receive the requested information from your treating healthcare provider, we may contact you to further discuss your accommodation request. You will be notified, in writing, if your request has been granted or denied. Individuals with an approved exemption from the Company’s mandatory vaccination policy may be required to comply with additional COVID-19 preventive requirements.

If we do not have the requested information by **close of business on [date]**, the Company will make its assessment based upon the information currently in the Company’s possession.

If you have any questions, please do not hesitate to call me at [phone number].

Sincerely,

[Name]

[Title]

[Contact Information]

Attachments

Dear Treating Healthcare Provider:

Your patient, [Employee Name], is an employee of [Name of Employer] and has requested to be exempt from the Company's mandatory COVID-19 vaccination policy due to an underlying medical condition. *[If the employee has also requested other accommodation(s) based on their disability add: [Employee Name] has also requested the following additional accommodation(s) due to [his/her/their] underlying medical condition: [fill in].]*

To assist [Name of Employer] in assessing the employee's request, we ask that you please answer the below questions in writing and return them **by close of business on [date]** to [name], [title] by email to [email address].¹

Thank you for your prompt attention to this matter.

Sincerely,

[Name]
[Title]
[Contact Information]

[CONTINUED ON THE NEXT PAGE]

¹ In making this request, we remind you that 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, except as specifically allowed by this law. 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.

Date: _____

Employee Name: _____

Treating Provider Name: _____

Provider Address: _____

Provider Phone: _____

Provider Fax: _____

Provider Email: _____

Type of practice/medical specialty: _____

Date of employee's last visit/consultation: _____

1. Does the employee have a physical, medical, mental, or psychological impairment, or a history or record of such impairment?
 - a. If so, what is the nature of the impairment?

2. Does the employee's impairment preclude the employee from being fully vaccinated against COVID-19?

3. If you answered "Yes" to Question 2, do you presently anticipate that the employee may be able to be fully vaccinated against COVID-19 in the future? If so, please provide an estimated timeline for when this may be possible.

[Note: The remaining questions 4-5 should only be included if the employee has requested specific accommodation(s) beyond just exemption from the vaccination requirement. If they have not made such additional requests, questions 4-5 may be deleted.]

4. Does the employee's impairment limit or interfere with the performance of the essential functions of [his/her/their] job based on the duties set forth on the attached job description? [P1]
 - a. If so, please identify specifically which duties are impacted, and the medical reason for your opinion.

5. If any duties are noted in response to Question 4, please identify:
 - a. what accommodation(s) may exist that would allow the employee to perform the duties noted above;

 - b. precisely how such suggested accommodation(s) would alleviate any limitations;

 - c. how long each accommodation is anticipated to be required; and

 - d. if applicable, the frequency with which each accommodation is anticipated to be needed.

Treating Provider Signature: _____