



Request for Accommodation: Medical Exemption from COVID-19 Vaccination

To request an exemption from the COVID-19 vaccinations, please complete section 1 below and have your medical provider complete section 2 before returning this form to the Human Resources Division.

Section 1 - to be completed by employee

Name (print):	Date:
Department:	Position:
Supervisor:	Work/Cell Phone:

I am requesting a medical exemption from the City of Orem's mandatory vaccination policy for the COVID-19 vaccination.

I verify that the information I am submitting to substantiate my request for exemption from the City of Orem's COVID-19 Vaccination Policy for Fire and Police Department Employees 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 the City of Orem 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 the City of Orem.

Employee Signature:	Date:
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Section 2 - to be completed by healthcare provider

Medical Certification for Vaccination Exemption

Employee Name: _____

Dear Medical Provider,

The City of Orem 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 the City of Orem 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 I request exemption from the City of Orem's 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:
