MEDICAL ACCOMMODATION REQUEST FORM – COVID-19 VACCINATION

Please complete and return to Human Resources Department by October 18, 2021. If you prefer not to complete this form, please contact the Human Resources Department at 967-6023 to schedule a phone or virtual meeting to make your accommodation request and engage in interactive dialogue.

On August 18, 2021, Governor Jay Inslee announced a new directive requiring all K–12 school district employees to get a COVID-19 vaccination or complete a medical/religious exemption by October 18, 2021. The Richland School District and its Board of Directors do not have local control over this matter. It is legally required to follow the Governor's directive. The Office of the Superintendent of Public Instruction has declared any District that does not follow this directive will lose its state funding.

Governor Inslee's directive allowed employees to request an accommodation if they cannot meet the vaccination requirement due to a medical or religious reason. The District will reasonably accommodate employees who have medical issues in compliance with federal and state law. However, the District is not obligated to grant an accommodation specifically requested by an employee or prospective employee in every circumstance.

Employee Name:		Personnel Number:	

Briefly describe the accommodation you are requesting.

Please return this completed form to the Human Resources Department and either:

1. A doctor's note verifying your medical reason for accommodation or
2. Have your doctor complete the back side of this form.

By my signature below, I demonstrate my informed consent and authorization to allow my healthcare provider to release, disclose and communicate to my employer or employer representative such healthcare records and information concerning my current medical condition(s) as is necessary to support my request for exemption from required immunization. I further authorize my employer or employer representative to contact my healthcare provider directly for the purposes of clarification and verification of the authenticity of this certification. This authorization shall be valid for one (1) year from the date shown below, unless revoked by me in writing at an earlier date. Although I understand that I may revoke this authorization in writing at any time, I also understand that any such revocation will not apply to any information that has already been released in reliance on this authorization. The information shall not be released to my immediate supervisor. I hereby authorize my healthcare provider to complete and provide this certification form directly to my employer via fax or mail.

_____ _____

Employee Signature Date

Human Resources Review

Form completed by (HR Rep Name or Employee Name): _____

Reviewed by: _____ Approved/Denied (circle one)

Date: _____

RICHLAND SCHOOL DISTRICT

REQUEST FOR MEDICAL ACCOMMODATION FROM COVID-19 VACCINATION FORM

PLEASE PRINT THE FOLLOWING INFORMATION:

Name: _____ Date of Birth: _____

Physician Name: _____ Physician Phone Number: _____

Dear Physician:

Pursuant to Governor Inslee's mandate on August 18, 2021, the Richland School District requires all employees, volunteers, and contractors to be vaccinated against COVID-19. The patient named on this form is requesting an accommodation from this requirement.

Please complete the form below. Should you have any questions, please contact the District's Human Resources Office at 509-967-6023. Thank you.

The above patient should not be vaccinated for COVID-19 for the following reason(s):

I certify that my patient named above has a contraindication to the COVID-19 vaccine and request a medical accommodation.

Please note that this request will be reviewed on a case-by-case basis.

Physician Signature: _____ Date: _____