



## CALAVERAS UNIFIED SCHOOL DISTRICT

3304-B Highway 12  
P.O. Box 788  
San Andreas, CA 95249  
(209) 754-2300  
[www.calaveras.k12.ca.us](http://www.calaveras.k12.ca.us)

---

Request for Medical Exemption/Accommodation Form  
District Implementation of  
California Department of Public Health  
Vaccine Verification for Workers in Schools

### Request for Medical Exemption/Accommodation for COVID-19 Testing

District is committed to providing equal employment opportunities to persons without regard to any protected status and a work environment free of unlawful harassment, discrimination, and retaliation.

District is committed to compliance with all laws that protect individuals with disabilities or medical conditions. When requested by an employee, District will provide an exemption and/or reasonable accommodation for disability or medical condition of an employee that prevents them from being tested for COVID-19, provided the request for exemption and/or accommodation does not cause an undue hardship to the District, and/or pose a direct threat to the health and safety of others in the workplace or the employee themselves.

### Requirements

A request for exemption and/or accommodation based on a medical condition will be considered if the employee provides written certification from a health care professional including a statement that the physical or medical condition of the employee are such that a **nasal swab test (not nasal pharyngeal)** for COVID-19 is not considered safe, including the duration of the physical or medical condition.

*If an employee does not provide the information requested in this form, it may impact the District's ability to adequately understand the employee's request or to effectively engage in the interactive process to identify possible accommodations.*

Request for Medical Exemption/Accommodation Form  
District Implementation of  
California Department of Public Health  
Vaccine Verification for Workers in Schools

---

**Section 1: (to be completed by employee)**

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Job Title: \_\_\_\_\_ School Site: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Request for Medical Exemption/Accommodation Form  
District Implementation of  
California Department of Public Health  
Vaccine Verification for Workers in Schools

---

**Section 2: (to be completed by health care provider)**

[District Name]: Calaveras Unified School District

Employee Name: \_\_\_\_\_

*Calaveras Unified School District* requires a COVID-19 vaccination as a condition of employment. Employees who cannot receive the COVID-19 vaccination are required to undergo weekly testing instead. The above-named employee is requesting an exemption from District's COVID-19 testing requirement. District will allow medical exemptions and/or accommodations from the COVID-19 testing for certain recognized contraindications.

***Please complete the form below. If you have any questions on the use of this form please contact Erika Cotta at [ecotta@calaveras.k12.ca.us](mailto:ecotta@calaveras.k12.ca.us) in personnel.***

The above-named person should not be testing for COVID-19:

\_\_\_\_\_ The individual has a physical or medical condition that contraindicates being testing for COVID-19 for (specify duration): \_\_\_\_\_

\_\_\_\_\_ Possible alternatives to the COVID-19 nasal swab testing that would not present the same contraindications for this individual would be:

Note: COVID nasal swab diagnostic test: cotton swab is placed just inside a nostril and slowly rotated in a circular path against the inside of the nostril 4 times for a total of 15 seconds. It is then repeated on the other nostril.

---

---

---

---

Medical Provider Name: \_\_\_\_\_

Medical Provider Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Request for Medical Exemption/Accommodation Form  
District Implementation of  
California Department of Public Health  
Vaccine Verification for Workers in Schools

---

**(For District Use only)**

**Section 3: Determination of Eligibility for Exemption and/or Accommodation**

Exemption and/or Accommodation Approved: \_\_\_\_\_ Yes \_\_\_\_\_ No

Description of exemption and/or accommodation: \_\_\_\_\_

---

---

---

---

---

---

Exemption and/or Accommodation Denial: \_\_\_\_\_ Yes \_\_\_\_\_ No

Explanation of basis for denial of exemption and/or accommodation: \_\_\_\_\_

---

---

---

---

---

---

District Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_