



CALAVERAS UNIFIED SCHOOL DISTRICT

3304-B Highway 12
P.O. Box 788
San Andreas, CA 95249
(209) 754-3504
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 Regarding COVID-19 Vaccination

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 receiving the COVID-19 vaccination, 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 with one of the following:

1. statement that the physical or medical condition of the employee are such that immunization is not considered safe, including the duration of the physical or medical condition, or circumstances that contraindicate immunization with the COVID-19 vaccine; or
2. applicable Centers for Disease Control (CDC) contraindication for the COVID-19 vaccine; or
3. applicable contraindication found on the manufacturer's package insert for the COVID-19 vaccine.

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.

Section 1: (to be completed by employee)

Name: _____ Date of Request: _____

Job Title: _____ School Site: _____

Date of Request: _____

Signature: _____

Date: _____

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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. The above-named employee is requesting an exemption from District's vaccination requirement. District will allow medical exemptions from the COVID-19 vaccination for certain recognized contraindications.

Please complete the form below. If you have any questions on the use of this form please contact Erika Cotta ecotta@calaveras.k12.ca.us in personnel.

The above-named person should not be immunized for COVID-19 for the following reasons (check all that apply):

_____ History of previous allergic reaction to indicate an immediate hypersensitivity to a component of the vaccine.

_____ The physical or medical condition of the individual are such that immunization is not considered safe.

_____ The individual has a physical or medical condition that contraindicates receiving the COVID-19 vaccine for (specify duration): _____

Medical Provider Name: _____

Medical Provider Signature: _____

Address: _____

Telephone Number: _____

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(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: _____