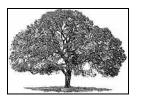
### CALAVERAS UNIFIED SCHOOL DISTRICT



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:		
employment. The abovaccination requirement	chool District requires a COVID-19 vaccination as a condition ove-named employee is requesting an exemption from District ent. District will allow medical exemptions from the COVID-recognized contraindications.	t's
•	form below. If you have any questions on the use of this for Cotta <u>ecotta@calaveras.k12.ca.us</u> in personnel.	rm
The above-named pereasons (check all that	erson should not be immunized for COVID-19 for the following apply):	ng
History of previ	ous allergic reaction to indicate an immediate hypersensitivity to he vaccine.	а
The physical or not considered	medical condition of the individual are such that immunization is safe.	3
	nas a physical or medical condition that contraindicates receiving vaccine for (specify duration):	)
Medical Provider Nam	ne:	
	ature:	

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## Vaccine Verification for Workers in Schools

(For District Use only)		
Section 3: Determination of Eligibility for Exemption	n and/or Accommod	dation
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 acc	ommodation:	
District Representative:		
Title:		
Signature:		
Date:		