

Legal Aid Society's Request for Accommodation Form – Medical Exemption from Vaccination

To request an exemption from required vaccinations, please complete Section 1 below and have your medical provider complete Section 2 before uploading this form to the LAS Covid-19 App at <http://covidsafetyapp.legal-aid.info/>. For the definition of disability under the ADA, see <https://www.eeoc.gov/disability-discrimination>.

Section 1. I am requesting a medical exemption from Legal Aid Society's COVID-19 mandatory vaccination policy as a reasonable accommodation for a disability within the meaning of the Americans With Disabilities Act (ADA). I verify that the information I am submitting to substantiate my request for exemption from Legal Aid Society's vaccination policy 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 Legal Aid Society is not required to provide a reasonable accommodation if doing so would prevent me from performing the essential functions of my job, or would create an undue hardship for Legal Aid Society.

Your Name (print)	Your Signature	Today's Date

Section 2. Medical Certification for Vaccination Exemption

Dear Medical Provider,

The Legal Aid Society requires vaccination against COVID-19 as a condition of employment. The individual named above is seeking an exemption to this policy because the individual has a disability within the meaning of the Americans With Disability Act and a vaccination would be medically contraindicated. Please complete this form to assist Legal Aid Society in the reasonable accommodation process.

<p>(Enter name) _____ has a disability within the meaning of the Americans With Disabilities Act, namely [specify the nature of the disability]:</p> <p>They should not receive the COVID-19 vaccine due to:</p>
<p>This exemption should be:</p> <p><input type="checkbox"/> Temporary, expiring on: __/__/____, or when _____</p> <p><input type="checkbox"/> Permanent</p>

I certify the above information to be true and accurate, and request exemption from the COVID-19 vaccination for the above-named individual.

Medical Provider's Name (print)	Medical Provider's Signature
Today's Date	Provider's Phone Number
Practice Name & Address	