



## City of Takoma Park

# COVID-19 Medical Exemption / Accommodation Request

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The City of Takoma Park (“the City”) is committed to providing equal employment opportunities without regard to any protected status and a work environment that is free of unlawful harassment, discrimination, and retaliation. As such, the City is committed to complying with all laws protecting individuals with disabilities or medical conditions. When requested, the City will provide an exemption/reasonable accommodation for any known medical condition or disability of a qualified individual which prevents the employee from receiving a COVID-19 vaccine or complying with applicable COVID-19 safety protocols, provided the requested accommodation is reasonable and does not create an undue hardship for the City and/or pose a direct threat to the health or safety of others in the workplace and/or to the requesting employee.

To request an Exemption/Accommodation, please complete Part 1 of this form, have your healthcare provider complete Part 2 (the certification portion), and return them to Human Resources. This information will be used by Human Resources or other appropriate personnel to engage in an interactive process to determine whether an employee is eligible for such exemption/accommodation and if so, to determine the reasonable accommodation(s) which can be provided that would enable the employee to perform the essential functions of their position without creating an undue hardship or posing a threat of harm to self or others. If an employee refuses to provide such information, the employee’s refusal may impair the City’s ability to evaluate the employee’s request or to effectively engage in the interactive process to identify possible accommodations, or grant the request.

Medical exemptions/accommodations for the COVID-19 vaccine or other applicable safety protocols will be considered if the employee provides a written certification by a licensed, treating medical provider [a physician (MD or DO), nurse practitioner (NP), or physician’s assistant (PA)], of one of the following:

1. The applicable CDC contraindication for the COVID-19 vaccine, **or**
2. The applicable contraindication found in the manufacturer’s package insert for the COVID-19 vaccine, **or**
3. A statement that the physical condition of the person or medical circumstances relating to the person are such that immunization is not considered safe, indicating the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization with the COVID-19 vaccine.

Any medical information disclosed will be maintained confidentially in accordance with applicable laws.

**Part One: To Be Completed by Employee**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date of Request: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Physician Name: \_\_\_\_\_ Physician Phone No.: \_\_\_\_\_  
Physician Address: \_\_\_\_\_

**Verification and Accuracy:**

I verify that the information I am submitting in support of my request for an accommodation is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I also understand that my request for an accommodation may be denied if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace and/or to me, or if it creates an undue hardship on the City.

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

**PART TWO: To Be Provided to Medical/Healthcare Provider**

Re: Request for Medical Exemption From COVID-19 Vaccine/Safety Protocols by \_\_\_\_\_  
(employee name)

**Attention Medical Provider**

The above-referenced City of Takoma Park employee is requesting an exemption from a COVID-19 vaccination requirement and/or COVID-19 safety protocol(s). A medical exemption from the COVID-19 vaccination and/or safety protocol(s) may be allowed for medical reasons, including certain recognized contraindications.

Please complete the form below. Should you have any questions, please contact a member of Human Resources at [HumanResources@TakomaParkMD.gov](mailto:HumanResources@TakomaParkMD.gov) or 301-891-7203. Thank you.

The above person should not be immunized for COVID-19 for the following reasons. Please check all that apply:

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

\_\_\_\_\_ The physical condition of the person or medical circumstances related to the person are such that immunization is not considered safe. Please indicate the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization with the COVID-19 vaccine.

Which ingredients caused an allergic reaction? \_\_\_\_\_

What was that reaction? \_\_\_\_\_

Which brand of the COVID-19 vaccine is contraindicated? \_\_\_\_\_

How long will the medical contraindication last? \_\_\_\_\_

Please specify date: \_\_\_\_\_

Additional information: \_\_\_\_\_

\_\_\_\_\_ Other – Please provide this information in a separate narrative that describes the exemption in detail.

I certify that \_\_\_\_\_ has the above contraindication and request medical exemption from the COVID-19 vaccination.

I certify that \_\_\_\_\_ should not comply with the safety protocol(s) listed below because of a medical reason. Please identify the safety protocols for which you recommend an accommodation, the reason for the accommodation, and suggested accommodations.

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

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

Print Name: \_\_\_\_\_

Medical Provider Address: \_\_\_\_\_

Medical Provider Phone Number: \_\_\_\_\_

**Part Three: To Be Completed By the City**

Date received by Human Resources: \_\_\_\_\_

Date of Interactive Conversations: \_\_\_\_\_

Exemption/Accommodation Granted: \_\_\_\_\_ Yes \_\_\_\_\_ No

Describe Exemption/Accommodation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If Exemption/Accommodation granted, list required alternative safety precautions required:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If Exemption/Accommodation not granted, explain why. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Human Resources Representative: \_\_\_\_\_

Signature of Human Resources Representative: \_\_\_\_\_

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