

Mandatory COVID-19 Vaccination Medical or Disability Exemption/Accommodation Request Form



Designated Kitsap County employees must be fully vaccinated against COVID-19 pursuant to Court Order and the Governor’s Proclamation. Kitsap County will provide an exemption/accommodation in compliance with laws protecting individuals with disabilities for any known medical condition or disability which prevents an employee from being fully vaccinated against COVID-19, provided that the accommodation is reasonable and does not create an undue hardship for Kitsap County and/or pose a direct threat to the health or safety of others in the workplace and/or to the requesting employee.

This form is intended to assist Kitsap County in assessing any request for an exemption/accommodation from being vaccinated against COVID-19 based upon a medical condition or disability. To request an exemption/accommodation from COVID-19 vaccination requirements:

1. The employee must complete Part 1 of this form.
2. The employee’s health care provider must complete Part 2.
3. When both are completed, the employee must submit the form to Human Resources:
Fax: 360.337.7187 email: kitsapbenefits@co.kitsap.wa.us In-Person at HR Office

Human Resources will engage in an interactive process to determine whether the employee is eligible for an exemption/ accommodation and if so, will determine if a reasonable accommodation can be provided that will enable the employee to perform the essential functions of their position without posing an undue hardship on the County or a threat to the employee or others. Medical information will be kept in a separate medical file, in a location that is accessible only to authorized personnel, and will remain confidential to the extent permitted by law.

Part 1 – To be Completed by the Employee		
Employee Name		Date of Request
Department		Division
Position	Supervisor	Phone Number

Medical or Disability Exemption Request

I am requesting a medical exemption/accommodation from the COVID-19 vaccination requirement. I verify that the information I am submitting to substantiate my request for exemption/accommodation from the vaccination requirement is complete and accurate to the best of my knowledge. I understand that any intentional misrepresentation may result in disciplinary action, up to and including termination.

Employee Signature

Print Name

Date

Part 2 – To be Completed by the Employee's Medical Care Provider

Employee Name

Medical Certification for COVID-19 Vaccine Exemption

Dear Medical Provider:

The individual named above is seeking an exemption/accommodation from the COVID-19 vaccination requirement due to medical circumstances. Please complete the below form to assist Kitsap County in the reasonable accommodation process.

Please provide at least the following information where applicable:

1. The applicable CDC contraindication for the COVID-19 vaccine.
2. The applicable contraindication found in the manufacturer's package insert for the COVID-19 vaccine.
3. A statement that the physical condition of the person or medical circumstances relating to the person are such that the COVID-19 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.
4. Any other medical condition, including the objective medical reasons, which would prevent the employee from receiving the COVID-19 vaccine.

Description of the medical condition for which the employee listed above should be exempted from complying with Kitsap County's COVID-19 vaccine requirement:

The condition described above is: <input type="checkbox"/> temporary <input type="checkbox"/> permanent	
If this is a temporary condition, when will it end or expire:	
Medical Provider Name/Title	
Medical Provider Signature	Date
Part 3 – To be Completed by Human Resources	
Date request was received	Date medical certification received
Request received by	Was form completed properly?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the exemption/accommodation granted?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If granted, describe the accommodation, including any alternative safety precautions required:	
If an exemption was not granted, explain why:	
HR/County Representative Signature	
HR/County Representative Name	Date