



**Request for Accommodation: 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 returning this form to the human resources department.

**Section 1**

Name (print):	Date:
Dept.:	Position:
Manager:	Work/Cell Phone:

I am requesting a medical exemption for the following vaccination(s): COVID-19

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I verify that the information I am submitting to substantiate my request for exemption from KenCrest’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. False statements are also subject to penalties as prescribed under any applicable statutes or ordinances.

I further understand KenCrest is not required to provide this exemption accommodation if doing so would pose a direct threat to myself or others in the workplace or would create an undue hardship for the agency.

Employee Signature:	Date:
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**Section 2**

**Medical Certification for Vaccination Exemption**

Employee Name: \_\_\_\_\_

Dear Medical Provider,

KenCrest requires vaccination against *COVID-19* as a condition of employment. The individual named above is seeking an exemption to this policy due to medical contraindications.

Please complete this form to assist KenCrest in the reasonable accommodation process.



<p><b>The person named above should not receive the COVID-19 vaccine due to:</b></p>
<p><b>This exemption should be:</b></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 COVID-19 vaccination for the above-named individual.

Medical Provider Name (print):	
Medical Provide Signature:	Date:
Practice Name & Address:	Provider Phone:

**HR USE ONLY**

Date of initial request: \_\_/\_\_/\_\_                      Date certification received: \_\_/\_\_/\_\_

Accommodation request:

- Approved \_\_/\_\_/\_\_  
Describe specific accommodation details:  
\_\_\_\_\_
  
- Denied \_\_/\_\_/\_\_  
Describe why accommodation is denied:  
\_\_\_\_\_