



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 from Bolivar County Community Action Agency Inc.'s (BCCAA) mandatory vaccination policy for the following vaccination(s):

I verify that the information I am submitting to substantiate my request for exemption from 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 BCCAA 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 BCCAA.

Employee Signature:	Date:
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Bolivar County Community Action Agency, Inc. has a general duty to make reasonable efforts to maintain a safe work environment for our employees and their families; our students and their families; our clients and visitors; and the community at large that is free from recognized hazards that are causing or are likely to cause death or serious physical harm. Because COVID-19 is a contagious virus with the potential to cause serious physical harm or death, BCCAA's Board of Directors strong desire is to restore and keep our workplaces as safe and healthy as possible. Where BCCAA has granted an accommodation request of an employee, who because of medical reasons, is unable to be fully vaccinated for the Coronavirus and its various strains, then BCCAA will require the employee to provide proof of a negative COVID-19 test result at least monthly from an FDA approved molecular Polymerase Chain Reaction (PCR) test at the employee's own expense. Failure to provide proof of a monthly negative testing result may result in termination of employment.



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Section 2

Medical Certification for Vaccination Exemption

Employee Name: _____

Dear Medical Provider,

Bolivar County Community Action Agency, Inc. requires vaccination against diseases such as, COVID-19 *influenza, etc.* 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 BCCAA in the reasonable accommodation process.

The person named above should not receive the COVID vaccine due to:

This exemption should be:

- Temporary, expiring on: _____, or when _____
- Permanent

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

HR USE ONLY

Date of initial request: _____ Date certification received: _____

Accommodation request:

HR Approved _____

Describe specific accommodation details:

Executive Director Approved _____

Describe specific accommodation details:

Denied _____

Describe why accommodation is denied:
