

# INCA COMMUNITY SERVICES, INC.



## 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 Resource Manager.

<b>Section I</b>		<b>Filing Date:</b>	
<b>Full Name:</b>			
<b>Job Title:</b>		<b>Department:</b>	
<b>Phone:</b>		<b>Supervisor:</b>	

I am requesting a medical exemption from INCA Community Services, Inc.'s mandatory vaccination policy for the following vaccination(s):

I verify that the information I am submitting to substantiate my request for exemption INCA'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 INCA 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 INCA.

**Signed:**

**Date:**

<b>Section II</b>	<b>Medical Certification for vaccination Exemption</b>
<b>Employee Name:</b>	
Dear Medical Provider - INCA Community Services, Inc. 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 INCA in the reasonable accommodation process.	

The person named above should not receive the COVID-19 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 [insert disease name] vaccination for the above-named individual.

<b>Medical Provider Name (print):</b>		<b>Date:</b>	
<b>Medical Provider Signature:</b>			
<b>Practice Name, Address, and Phone Number:</b>			

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**HR Use Only**

Date of Initial Request: \_\_\_/\_\_\_/\_\_\_\_\_ Date Certification Received: \_\_\_/\_\_\_/\_\_\_\_\_

Accommodation Request:

Approved: \_\_\_/\_\_\_/\_\_\_\_\_ Denied: \_\_\_/\_\_\_/\_\_\_\_\_

**Describe specific accommodation details:**

**Describe why accommodation is denied:**