

Request for Employee Medical Exemption/Accommodation Related to COVID-19 Vaccination

Please complete section 1 below and have your medical provider complete section 2. A note from your provider can also substitute for section 2.

Return this form to Human Resources at: <u>hr@absherco.com</u>

Section 1

Name (print):	Date:

I understand that some of Absher's project sites and work places may require a COVID-19 vaccination as a condition of working. I hereby certify that I believe that I have a medical condition that necessitates an exemption from this vaccination requirement.

I certify that the information I am submitting to substantiate my request for exemption from the COVID-19 vaccination is true and accurate to the best of my knowledge. I understand that any falsified information may result in disciplinary action.

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

Employee Signature:	Date:

Section 2

Medical Certification for COVID-19 Vaccination Exemption

Employee Name:

Dear Medical Provider,

Under federal or state law, Absher is required to assure that its employees receive full COVID-19 vaccination as a condition of working on the jobsite. The individual named above is seeking an exemption to this policy due to a medical condition.

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

The person named above should not receive the COVID-19 vaccine because (please be specific):



This exemption should be:

Temporary, expiring on: __/_/___, or when

Permanent

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:

HR Signature

Date