



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: hr@absherco.com

Section 1

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|---------------|-------|
| 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.

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|---------------------|-------|
| 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):

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