CITY OF SAINT PAUL

ALASKA

REQUEST FOR ACCOMMODATION: MEDICAL EXEMPTION FROM VACCINATION FORM			
To request an exemption from required vaccinations for City employees, please complete part 1 below and have your medical provider complete part 2 before returning this form to the City Clerk.			
Part 1: To be Completed by Employee			
Employee Name		**Date of Request**	
Department/Division		**Job Title**	
Employee ID No		**Supervisor Name**	
I am requesting a medical exemption from City's Employee COVID Vaccination Policy for the following reason(s):			
I verify that the information I am submitting to substantiate my request for exemption from City's mandatory vaccination policy for City employees is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action. I further understand that the City 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 City.			
Employee's Signature		**Date**	
Part 2: Medical Certification for Vaccination Exemption			
Employee Name			
Dear Medical Provider, The City of saint Paul requires vaccination against COVID-19 as a condition of employment with the City. The individual named above is seeking an exemption to this policy due to medical contraindications. Please complete this form to assist the City in the reasonable accommodation process. I verify that the information			
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 COVID-19 vaccination for the above-named individual			
Medical Provider Name			
Medical Provider's Signature		**Date**	
Practice Name			
Address			
Medical Provider's Phone Number			
Part 3: Human Resources Division (Only)			
Date of Initial Request			
Date Certification Received			
Review Date			
Request Approved		**Date**	
Describe specific accommodation details.			
Request Denied		**Date**	
Describe why accommodation is denied.			
Date Discussed with Employee			
HR's		**Date**	
City Manager's		**Date**	