



EL MONTE UNION HIGH SCHOOL DISTRICT

3537 JOHNSON AVENUE EL MONTE, CA 91731 (626)444-9005

Medical Exemption/Accommodation Related to COVID- 19 Vaccine

The El Monte Union High School District (“the District”) is committed to providing equal employment opportunities without regard to any protected status and a work environment that is free of unlawful harassment, discrimination, and retaliation.

The District is committed to complying with all laws protecting individuals with disabilities or medical conditions. When requested, the District will provide an Exemption/Reasonable Accommodation for any known medical condition or disability of a qualified individual which prevents the employee from receiving a COVID-19 vaccine, provided the requested accommodation is reasonable and does not create an undue hardship for the District or pose a direct threat to the health and safety of others in the workplace and/or the requesting employee.

To request an Exemption/Accommodation related to the District’s COVID-19 vaccination and/or testing policy, please complete Part 1 of this form, have your healthcare provider complete Part 2 (including certification), and return them to Human Resources. This information will be used by the District to engage in an interactive process to identify and determine eligibility for possible accommodations that will enable the employee to continue performing the essential functions of his/her position. If an employee refuses to provide such information in good faith, the employee’s refusal will impact the District’s ability to adequately understand the employee’s request or effectively engage in the interactive process to identify possible accommodations for the employee.

Medical exemptions/accommodations for the COVID-19 vaccine requirement will be considered if the employee provides a written certification by a licensed, treating medical provider [a physician (MD or DO), nurse practitioner (NP), or physician’s assistant (PA)], of one of the following:

1. The applicable CDC contraindication for the COVID-19 vaccine, or
2. The applicable contraindication found in the manufacturer’s package insert for the COVID-19 vaccine, or
3. A statement that the physical condition of the person or medical circumstances relating to the person are such that immunization is not considered safe, indicating the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization with the COVID-19 vaccine.

Each accommodation request will be addressed on an individualized, case-by-case basis, based on the information provided herein and any additional information obtained by the District relating to the employee’s request.



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Part 1 – To Be Completed by Employee (Please print legibly):

Part 1 – To Be Completed by Employee:

Name: _____

Work Site/Location: _____

Job Title: _____

Date of Request: _____

Verification and Accuracy

I verify that the information I am submitting in support of my request for an exemption/accommodation is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action.

I also understand that my request for an exemption/accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace and/or to me, or if it creates an undue hardship on the District.

Signature: _____

Date: _____

Upon completion of all documents, please return to:

El Monte Union High School District
Human Resources Department attn: Robin Torres
3537 Johnson Avenue
El Monte, CA 91731

Or by email to: robin.torres@emuhsd.org



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Part 2 – To be completed by Employee’s Medical Provider

For: El Monte Union High School

District(Please print legibly or type.)

Employee Name: _____

Attention Medical Provider (M.D, DO, PA-C, CNP):

The El Monte Union High School District (“District”) requires a COVID-19 vaccination as a condition of employment. The above-named employee is requesting an exemption from this vaccination requirement due to a medical condition or disability. A medical exemption from the COVID-19 vaccination may be allowed for certain recognized contraindications.

Please certify below the medical reason that the above-named employee should not be vaccinated for COVID-19 by completing this form and attaching available supporting documentation, as needed. Should you have any questions, please contact the Human Resources Department at (626) 444-9005. Thank you.

The above person should not be immunized for COVID-19 for the following reasons (Please check all that apply.):

- History of previous allergic reaction to indicate an immediate hypersensitivity reaction to a component of the vaccine. Please specify the vaccine component that causes the allergic reaction: _____
- The physical condition of the person or medical circumstances relating to the person are such that immunization is not considered safe. Please indicate the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization with the COVID-19 vaccine:

- Other – Please provide this information in a separate narrative that describes the exemption to the COVID-19 vaccine in detail.



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Part 2 continued...

CERTIFICATION

I certify that _____ has the above contraindication and/or medical condition and request a medical exemption from the COVID-19 vaccination.

This exemption should be:

- Temporary, expiring on: __/__/____ , or when _____
- Permanent

Medical Provider Signature: _____

Date: _____ License # _____

Print Name: _____

Address: _____

Phone number: _____



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Part 3 – To be completed by District Human Resources

Date this Request Form Received by the District: _____

Interactive Discussion Date(s) if applicable: _____

Attach Interactive Accommodation Plan

Reviewed and Approved by: _____

Date: _____