

COVID-19 Vaccine Medical Exemption Request

This form is part of the process to evaluate requests for medical exemptions from the King County Housing Authority (“KCHA”) COVID-19 vaccination requirement. It should be filled out by all employees and job applicants who have received a contingent offer of employment who are requesting a medical exemption. After the form is filled out by the employee/job applicant and their health care provider, KCHA will determine whether an exemption will be granted. If an exemption is granted, the next step will be for KCHA to determine whether there is a reasonable accommodation that would enable the employee/job applicant to perform their job duties without an undue hardship on KCHA. When this form is completed, please return it to HRCOVIDOPS@KCHA.org.

Employee/Job Applicant Section

Please complete the following:

Name: _____

Department: _____

Date: _____

The information I am submitting to substantiate my request for a medical exemption from the mandatory COVID-19 vaccination requirement is true and accurate.

Employee/Job Applicant Signature: _____

Health Care Provider Section

A physician, physician’s assistant, or nurse practitioner licensed in the State of Washington must complete and sign this section. Forms completed by the employee will not be accepted.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information.

Provider Instructions: By completing this form, you certify that different methods of vaccinating against COVID-19 have been considered, and the following medical contraindication precludes any/all vaccinations for COVID-19. Healthcare professionals or health departments in the United States can request a consultation from the Clinical Immunization Safety Assessment COVIDvax project (<https://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/cisa/index.html>) project about an individual patient residing in the United States for a complex COVID-19 vaccine safety question not readily addressed by CDC guidance.

Please check the box for the medically indicated contraindication below:

- Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine. (See list of vaccine components here: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#Appendix-C>). Please describe the prior severe allergic reaction below, including the component of the COVID-19 vaccine that was involved and the contraindication to using an alternative COVID-19 vaccination:

Immediate allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine.¹ Please describe the prior severe allergic reaction below, including the component of the COVID-19 vaccine that was involved and the contraindication to using an alternative COVID-19 vaccination:

Other medical circumstance preventing vaccination with any available COVID-19 vaccine, e.g., Pfizer-BioNTech COVID-19 vaccine, Moderna COVID-19 vaccine, or Janssen (Johnson & Johnson) COVID-19 vaccine (Be specific and describe in detail on the following page):

This exemption should be:

Temporary, expiring on: ___/___/_____, or when _____

Permanent

Is there any additional information you would like KCHA to consider relating to this exemption request? If so, please include it below:

Medical Provider Name: _____ Date: _____

Signature: _____ Provider Phone: _____

Practice Name & Address: _____ Practice email: _____

¹ CDC considers a history of an immediate allergic reaction to any vaccine other than COVID-19 vaccine or to any injectable therapy (i.e., intramuscular, intravenous, or subcutaneous vaccines or therapies [excluding subcutaneous immunotherapy for allergies, i.e., “allergy shots”]) as a precaution but not a contraindication to vaccination.