City and County of San Francisco

EMPLOYEE REQUEST FOR REASONABLE ACCOMMODATON - MEDICAL
(COVID-19 Vaccination Exemption)

Employee Name	Employee DSW#
Job Code and Title	**Department**
Division/Unit	**Supervisor/Manager**

It is the policy of the City and County of San Francisco to provide reasonable accommodations to qualified individuals with disabilities in accordance with the federal Americans with Disabilities Act and the California Fair Employment and Housing Act. You may be required to provide documentation in support of your request for reasonable accommodation.

EMPLOYEE CERTIFICATION

I have a disability or medical condition that prevents me from receiving any COVID-19 vaccine. NOTE: To be eligible for this exemption, I understand that I must also provide to my department a written medical certification signed by a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician, stating that I qualify for the exemption (but the written medical certification should **not** identify the underlying medical condition or disability) and indicating the probable duration of my inability to receive the vaccine (or if the duration is unknown or permanent).

I have received and reviewed information on the local Public Health Order and City Policy requiring COVID-19 vaccination. I understand that a detailed review of my disability status may be required, and I agree to cooperate fully in this process. I further understand that if my request is approved, I am obligated to report any changes in my disability status which may require a re-evaluation of this request. Granting of this request does not signify approval of any future reasonable accommodation request for any other position within this department or any other department within the City and County of San Francisco.

I hereby certify that I make this request based on my belief that I have a disability or medical condition that prevents me from complying with COVID-19 vaccination requirements. I understand that any falsified information can lead to disciplinary action, up to and including termination of employment.

I further understand that the City and County of San Francisco 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.

_____ _____

Employee Signature Date

Please note that this information will be maintained in a separate confidential file from your personnel file and access will be limited only to those with a need-to-know.

FOR HR USE ONLY

Rev. 7/30/2021

Date Received: ___/___/20___ Medical Certification Received ☐ Yes ☐ No

Date Medical Certification Received: ___/___/20___