



Request for Accommodation: Medical Exemption From COVID-19 Vaccination

To request an exemption from the COVID-19 Vaccination, please complete Section 1 below and have your physician complete Section 2 before returning this form to Human Resources in person or via email to dboyer@nottinghamvillage.org by November 26, 2021.

Section 1

Name:		Department:	
Supervisor:		Title:	

I am requesting a medical exemption from Nottingham Village's mandatory COVID-19 vaccination policy as required by the Centers for Medicare & Medicaid Services (CMS) Healthcare Provider Vaccine Mandate.

I verify that the information I am submitting to substantiate my request for exemption from Nottingham Village's COVID-19 vaccination policy is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including termination.

I further understand that Nottingham Village 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 Nottingham Village.

Employee Signature:		Date:	
----------------------------	--	--------------	--

Section 2

Medical Certification for Vaccination Exemption

Dear Physician,

Nottingham Village requires vaccination against COVID-19 as a condition of employment as required by the Centers for Medicare & Medicaid Services (CMS) Healthcare Provider Vaccine Mandate. The individual name above is seeking an exemption to this policy due to medical contraindications.

Please complete this form and return to the employee to assist Nottingham Village in the reasonable accommodation process.

Employee Name: _____

Describe the medical reason(s) the person named above should not receive the COVID-19 vaccine. Identify which of the authorized COVID-19 vaccines are clinically contraindicated for the employee and the recognized clinical reasons for the contraindications.

This exemption should be:

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

Permanent

I certify the above information to be true and accurate, and request exemption from COVID-19 vaccination for the above-named individual.

Physician Name (print):	License #
Physician Signature:	Date:
Practice Name & Address:	Provider Phone:

HR USE ONLY

Date certification received: __/__/__

Accommodation request:

Approved __/__/__

Describe specific accommodation details:

Denied __/__/__

Describe why accommodation is denied:

Signature of Human Resources: _____

Signature of Medical Director: _____

Signature of Compliance Officer: _____



Request for Accommodation: Religious Exemption From COVID-19 Vaccination

To request an exemption from the COVID-19 Vaccination due to sincerely held religious beliefs, please complete the information below before returning this form to Human Resources in person or via email to dboyer@nottinghamvillage.org by November 26, 2021.

Section 1

Name:		Department:	
Supervisor:		Title:	

I am requesting a religious exemption from Nottingham Village's mandatory COVID-19 vaccination policy as required by the Centers for Medicare & Medicaid Services (CMS) Healthcare Provider Vaccine Mandate. I understand that all requests for a religious exemption will be evaluated on an individual basis.

I understand that objections to COVID-19 vaccinations that are based on non-religious reasons, including personal preferences or non-religious concerns about the vaccine, do not qualify for a religious exemption.

I understand that I do not need to answer every question on this form to be considered for a religious exemption; however, where there is an objective basis to do so, I may be asked to provide additional information as needed to determine if I am legally entitled to an exemption.

I verify that the information I am submitting to substantiate my request for exemption from Nottingham Village's COVID-19 vaccination policy is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including termination.

I further understand that Nottingham Village 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 Nottingham Village.

Employee Signature:		Date:	
----------------------------	--	--------------	--

Employee Name: _____

1. Describe the nature of your objection to the COVID-19 vaccination requirement:

2. Describe how complying with the COVID-19 vaccination requirement substantially burdens your religious exercise or conflicts with your sincerely held religious beliefs, practices, or observances.

3. Please provide any additional information that you think may be helpful in reviewing your request. (e.g. How long you have held the religious belief underlying your objection; Whether your religious objection is to the use of all vaccines, COVID-19 vaccines, a specific type of COVID-19 vaccine, or some other subset of vaccines; Whether you have received vaccines as an adult against any other diseases (such as a flu vaccine or a tetanus vaccine); Name of affiliated religious organization; etc.)

Please attach any additional materials that support your request for a religious accommodation.

HR USE ONLY

Date certification received: __/__/__

Accommodation request:

Approved __/__/__

Describe specific accommodation details:

Denied __/__/__

Describe why accommodation is denied:

Signature of Human Resources: _____

Signature of Compliance Officer: _____