



## Request for Medical Exemption | Accommodation Related to COVID-19 Vaccine

HILLTOP COMMUNITY RESOURCES (“Hilltop”) 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.

As such, Hilltop is committed to complying with all laws protecting individuals with disabilities or medical conditions. When requested, Hilltop 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 Hilltop and/or pose a direct threat to the health or safety of others in the workplace and/or to the requesting employee.

To request an Exemption/Accommodation related to Hilltop’s COVID-19 vaccination policy, please follow these steps:

**Step 1:** Complete **Part 1** of this form yourself (on page 3)

**Step 2:** Have your healthcare provider complete **Part 2**, the certification (on page 4)

**Step 3:** Return entire form with **Parts 1 & 2** completed to your People Ops Business Partner or People Ops Director.

This information will be used by People Operations or other appropriate personnel to engage in an interactive process to determine whether an employee is eligible for such exemption/accommodation and if so, to determine the reasonable accommodations which can be provided that would enable the employee to perform the essential functions of their position without posing a threat of harm to self or others.

If an employee refuses to provide such information, the employee’s refusal may impact Hilltop’s ability to adequately understand the employee’s request or to effectively engage in the interactive process to identify possible accommodations.

Medical exemptions/accommodations for the COVID-19 vaccine 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.

**IMPORTANT NOTICE ABOUT GINA**

*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. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.*

## Part 1: To Be Completed by Employee

<b>Employee First &amp; Last Name:</b>	
<b>Hilltop Program:</b>	
<b>Employee Job Title:</b>	
<b>Date of Request:</b>	

### Verification and Accuracy

I verify that the information I am submitting in support of my request for an 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 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 Hilltop.

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Signature

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Date

## Part 2: To Be Completed by Employee's Medical Provider

<b>Employee First &amp; Last Name:</b>	
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### Attention Medical Provider:

HILLTOP requires a COVID-19 vaccination as a condition of employment in the job the above-named employee currently holds. The above-named employee is requesting an exemption from this vaccination requirement. A medical exemption from the COVID-19 vaccination may be allowed for certain recognized contraindications.

Please complete the form below. Should you have any questions, please contact Rebecca Weitzel, Director of People Operations at 970-244-0404 or rebeccaw@htop.org.

### The above-named 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.
  
- 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 below:

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- Other – Please provide this information in a separate narrative that describes the exemption in detail and attach narrative to this form.

I certify that \_\_\_\_\_ has the above

Please print Hilltop Employee's Full Name

**contraindication and request a medical exemption from the COVID-19 vaccination.**

\_\_\_\_\_  
Medical Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Provider Address

\_\_\_\_\_  
Medical Provider Phone #



### Part 3: To Be Completed by Hilltop People Operations

<b>Employee First &amp; Last Name:</b>	
<b>Date Request Received:</b>	
<b>Name of PeopleOps Representative:</b>	
<b>Date of Interactive Discussion(s) if applicable:</b>	
<b>Exemption   Accommodation Granted?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Describe Exemption/Accommodation:

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If Exemption/Accommodation granted, list required alternative safety precautions required:

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If Exemption/Accommodation not granted, explain why not:

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\_\_\_\_\_  
 PeopleOps Representative Signature \_\_\_\_\_  
Date

