



**CULVER CITY UNIFIED SCHOOL DISTRICT**

**REQUEST FOR A MEDICAL EXCEPTION TO THE COVID-19 VACCINATION REQUIREMENT**

Effective as of November 19, 2021, CCUSD requires all District employees to be vaccinated against COVID-19, with exceptions only as required by law. The District will consider employee requests for exception to this requirement, as a reasonable accommodation of an employee’s disability or medical condition. Employees may seek an exception to the vaccination requirement due to a disability or medical condition, using the form below. The District may also ask for other information, as needed. An employee may also request a delay for complying with the vaccination requirement based on medical or disability-related considerations. The District will keep confidential any medical information provided. Employees who receive an exception or a delay from the vaccination requirement would instead comply with alternative health and safety protocols.

Signing this form constitutes a declaration that the information you provide is true and correct to the best of your knowledge.

To request an exception or delay from the COVID-19 vaccination requirement using this form:

1. You must complete Part 1 of this form.
2. Your medical provider must complete Part 2 of this form.
3. When both are completed, you must submit the form to the CCUSD HR Department.

<b>Part 1 – To Be Completed by the Employee</b>		
<b>Employee Name</b>	<b>Date of Request</b>	
<b>School/Site</b>		
<b>Position</b>	<b>Email Address</b>	<b>Phone #</b>

<b>Medical or Disability Exception Request</b>	
I am requesting an exception to the requirement for COVID-19 vaccination or a delay because of a medical condition or disability. I declare that the information I have provided is true and correct to the best of my knowledge.	
<b>Employee Signature</b>	
<b>Print Name</b>	<b>Date</b>

**Part 2 – To be Completed by the Employee's Medical Provider**

**Employee Name**

**Medical Certification for COVID-19 Vaccine Exception**

Dear Medical Provider:

CCUSD requires its employees to be fully vaccinated against COVID-19. The individual named above is seeking exception to the requirement for COVID-19 vaccination or a delay because of a medical condition or disability. Please complete this form to assist CCUSD in its reasonable accommodation process. If you have questions about completing this form, please contact CCUSD's reasonable accommodation coordinator at [JoseAlarcon@ccusd.org](mailto:JoseAlarcon@ccusd.org) or (310) 842-4220 x4236.

Please provide at least the following information, where applicable:

1. Confirmation that one or more CDC-recognized contraindication or precaution for COVID-19 vaccination applies to this employee with respect to each of the currently-available COVID-19 vaccines;
2. A statement that, due to the employee's medical condition or disability, COVID-19 vaccination is unsafe or otherwise inadvisable on your professional opinion; and
3. Whether the contraindication, precaution, medical condition, or disability is permanent or temporary, and if temporary, the duration.

**The condition described above is:**

temporary

long-term

If this is a temporary condition or medical circumstance, when is it expected to end or expire (allowing for COVID-19 vaccination to begin after the date you provided):

**Medical Provider Name/Title**

**Medical Provider Signature**

**Date**