



COVID-19 VACCINE EXEMPTION REQUEST  
AND PROVIDER SUBSTANTIATION (Employee)

Request Response Date: \_\_\_\_\_ (Date sent by HR for employee to complete)

Employee Name: \_\_\_\_\_ Employee ID# \_\_\_\_\_

Tacoma Community College will provide reasonable accommodations to qualified applicants and employees with medical exceptions, unless providing such accommodations would pose an undue hardship.

The employee identified above has requested exemption from Proclamation(s) 21.14, 21.14.1, and 20-12.5 issued by Governor Jay Inslee that requires students, employees or state healthcare workers to be fully vaccinated for COVID-19 unless they request and qualify for religious or medical exemptions.

**Below are initial intake questions for the employee and their medical provider to respond to in requesting medical exemption pursuant to the Proclamation(s) 21.14, 21.14.1, and 20-12.5 medical exemption.**

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**Employee Section** – Please complete the following

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Name of Health Care Provider: \_\_\_\_\_

Address of Health Care Provider: \_\_\_\_\_

I certify that I have a medical condition that prevents me from obtaining the COVID-19 Vaccination. I am requesting reasonable accommodation in the workplace to remain unvaccinated for COVID-19 at this time. I hereby authorize any licensed health care provider (including any hospital or any other medical service organization), to release to the Tacoma Community College any medical information acquired.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Medical Provider Section** – Please complete the following

Dear Provider,

The above named is employed with Tacoma Community College. They have disclosed they have a medical condition or disability which may prevent them from receiving an authorized COVID-19 vaccine.

We ask you to complete the following form to help us to understand whether the employee has a medical condition or disability which prevents them from receiving an authorized COVID-19 vaccine.



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Please return the completed form to the employee to turn into the TCC Human Resources office, email form to humanresources@tacomacc.edu or fax to 253.566.5374. Please note if faxing: the employee MUST follow up and confirm with the TCC HR office that the fax has been received.

This form must be returned to TCC no later than October 15th. Thank you for your timely response.

If you have any questions, please do not hesitate to contact the employee or the Human Resources office at 253.566.5374, or at email address humanresources@tacomacc.edu. Please do not send or include any sensitive medical information if you contact us by email. We can discuss your questions and the method by which you can send your medical information to us, over the phone

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. 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. 29 CFR § 1635.8(b)(1)(i)(B).

- 1. What professional licenses do you hold:
- MD from (states)
- DO from (states)
- ARNP from (states)
- PA from (states)
- Other from (states) (enter license held)

2. The employee has disclosed they have a medical condition or disability that may be negatively affected if they receive a COVID-19 vaccine. In your medical opinion, does this employee suffer from such a condition? Yes No

3. What is the anticipated duration of the medical condition or disability which prevents the employee from receiving a COVID-19 vaccination?

4. In your medical opinion, would a leave of absence be effective in allowing the employee to receive a COVID-19 vaccine so they may return to the full duties of their position at the conclusion of the leave? Yes No

5. In your medical opinion, if a leave of absence is indicated, what is the anticipated duration of leave required that would permit the employee to be able to receive a COVID-19 vaccine?

I, declare that, in my professional opinion, the above responses are true and accurate, to the best of my knowledge and ability.

Signature: Date: