

**City of Carnation (“Carnation”) Disability-Related Accommodation Request Form**

**For COVID-19 Vaccination Accommodation Requests**

To request a disability-related accommodation relating to the Carnation Mandatory COVID-19 Vaccination Policy, please complete section 1 below and have your health care provider complete section 2 before returning this form to the City Clerk/Acting City Manager.

**Section 1, to be filled out by Worker:**

Name (print):	Date:
Dept.:	Position:
Manager:	Work/Cell Phone:

I am requesting a disability-related accommodation relating to the Carnation Mandatory COVID-19 Vaccination Policy for the following disability:

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I understand that Carnation is not required to provide this accommodation if doing so would pose a direct threat to myself or others in the workplace or would create an undue hardship for Carnation, and I have answered the questions on this form truthfully, accurately, and completely.

Worker Signature:	Date:
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**Section 2, to be filled out by Health Care Provider** (an appropriate health care or rehabilitation professional authorized to practice in the State of Washington):

**Health Care Provider Certification re: Request for disability-related accommodation relating to Carnation’s Mandatory COVID-19 Vaccination Policy**

Individual Name: \_\_\_\_\_

Individual’s position: \_\_\_\_\_

Dear Health Care Provider:

The City of Carnation (“Carnation”) requires vaccination against COVID-19 as a condition of employment. The individual named above is seeking an exemption to this policy due to a disability.

Please complete this form to assist Carnation in the reasonable accommodation process. 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.

1. Does the individual named above have a medical condition that qualifies as a disability under the Americans with Disabilities Act (“ADA”) or Washington Law Against Discrimination (“WLAD”), and any other applicable law (e.g., is it a sensory, mental, or physical impairment that has a substantially limiting effect upon their ability to perform their job)? \_\_\_yes \_\_\_no. If “yes,” please answer questions 2 through 11 below.
2. Do any of the clinical considerations established by the Centers for Disease Control and Prevention (“CDC”), online at [https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2F covid-19%2Finfo-by-product%2Fclinical-considerations.html](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2F covid-19%2Finfo-by-product%2Fclinical-considerations.html) constitute a disability justifying an accommodation for this individual? \_\_\_ yes \_\_\_ no. If “yes, please answer questions 3 through 11 below.
3. Please describe the disability:  
\_\_\_\_\_  
\_\_\_\_\_
4. What is the duration of the disability? \_\_\_\_\_
5. Is the disability a medical condition that you diagnose and treat? \_\_\_\_\_
6. When did you first diagnose or treat this individual for this disability? \_\_\_\_\_
5. Does the disability necessitate an accommodation relating to Carnation’s Mandatory COVID-19 Vaccination Policy, which requires the individual to be fully vaccinated on or before October 18, 2021?<sup>1</sup> \_\_\_yes \_\_\_no.
6. Does the disability prevent the individual from being fully vaccinated with a COVID-19 vaccine authorized for emergency use, licensed, or otherwise approved by the FDA? \_\_\_yes \_\_\_no.
7. Will the individual be able to be fully vaccinated with a COVID-19 vaccine authorized for emergency use, licensed, or otherwise approved by the FDA at some future date? \_\_\_yes \_\_\_no. If “yes,” when? \_\_\_\_\_
8. If the individual’s disability prevents the individual from being fully vaccinated with a COVID-19 vaccine, is there an accommodation that would enable the individual to fulfill the essential functions of his or her position (e.g., what reasonable alternatives to the mandatory vaccination

<sup>1</sup> “Fully vaccinated” means that it has been at least two weeks since they have received either the second dose in a two-dose series of a COVID-19 vaccine authorized for emergency use, licensed, or otherwise approved by the FDA (e.g., Pfizer-BioNTech or Moderna) or that they have received a single-dose of a COVID-19 vaccine authorized for emergency use, licensed, or otherwise approved by the FDA (e.g., Johnson & Johnson (J&J)/Janssen.

requirement would enable the individual to do their job while effectively reducing infection and serious disease to the same extent as being fully vaccinated for COVID-19, without creating an undue hardship to Carnation)?

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9. Length of time the accommodation is needed: \_\_\_\_\_

10. Describe any alternate accommodations that might address the individual's need for accommodation:

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11. Insert any additional information Carnation should consider regarding this accommodation request below:

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I certify the above information to be true, accurate, and complete.

Health Care Provider Name (print):	
Health Care Provider Signature:	Date:
Practice Name & Address:	Provider Phone:

**Part 3, For Carnation Use Only:**

Date of initial request: \_\_/\_\_/\_\_\_\_ Date health care provider certification received: \_\_/\_\_/\_\_\_\_

Accommodation request:

Approved \_\_/\_\_/\_\_\_\_

Describe specific accommodation details:

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Denied \_\_/\_\_/\_\_

Describe why accommodation is denied:

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Date employee was informed of the grant or denial of accommodation request: \_\_/\_\_/\_\_

Signature:

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City of Carnation City Clerk/Acting City Manager