

Mandatory COVID-19 Vaccination Medical or Disability Exemption/Accommodation Request Form

In compliance with Governor Jay Inslee's proclamation 21-14.1, Faith International University employees, students, vendors, and visitors must be fully vaccinated against COVID-19 by October 18, 2021. Faith International University will provide an exemption/accommodation in compliance with laws protecting individuals with disabilities for any known medical condition or disability that prevents an employee from being fully vaccinated against COVID-19, provided that the accommodation is reasonable and does not create an undue hardship for Faith International University and/or pose a direct threat to the health or safety of others in the workplace and/or to the requesting individual.

This form is intended to assist Northwest University in assessing any request for an exemption/accommodation from being vaccinated against COVID-19 based upon a medical condition or disability. To request an exemption/accommodation from Faith International University's COVID-19 vaccination requirement:

1. The individual must complete Part 1 of this form.
2. The individual's healthcare provider must complete Part 2. The healthcare provider must be an MD, DO, PA or ARNP.
3. When both are completed, the employee must submit the form to Dr. Michael Adams; FIU President: president@faithiu.edu.

Faith International University's Exemption Request Committee will engage in an interactive process to determine whether the individual is eligible for an exemption/accommodation and if so, will determine if a reasonable accommodation can be provided that will enable the individual to perform the essential functions of their position without posing an undue hardship on the university or a threat to the individual or others. Medical information will be kept in a separate medical file, in a location that is accessible only to authorized personnel, and will remain confidential to the extent permitted by law.

Part 1 – To be Completed by the Individual	
Name	Date of Request
Department	Position

Medical or Disability Exemption Request	
<p>I am requesting a medical exemption/accommodation from Northwest University's mandatory COVID-19 vaccination policy. I verify that the information I am submitting to substantiate my request for exemption/accommodation from Northwest University's COVID-19 vaccination policy is complete and accurate to the best of my knowledge. I understand that any intentional misrepresentation may result in disciplinary action, up to and including termination.</p>	
Employee's Signature	
Print Name	Date

Part 2 - To be Completed by the Employee's Medical Care Provider (MD, DO, PA or ARNP)
Patient's Name
Medical Certification for COVID-19 Vaccine Exemption
<p>Dear Medical Provider:</p> <p>Northwest University requires its employees to be fully vaccinated against COVID-19. The individual named above is seeking an exemption/accommodation from this policy due to medical circumstances. Please complete the below form to assist Northwest University in the reasonable accommodation process.</p> <p>Please provide at least the following information where applicable:</p> <ol style="list-style-type: none"> 1. The applicable CDC contraindication for the COVID-19 vaccine. 2. The applicable contraindication found in the manufacturer's package insert for the COVID-19 vaccine. 3. A statement that the physical condition of the person or medical circumstances relating to the person are such that the COVID-19 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. 4. Any other medical condition, including the objective medical reasons, which would prevent the employee from receiving the COVID-19 vaccine.

Description of the medical condition for which the employee listed above should be exempted from complying with Northwest University's COVID-19 vaccine requirement:

The condition described above is:	<input type="checkbox"/> temporary	<input type="checkbox"/> permanent
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If this is a temporary condition, when will it end or expire:

Medical Provider Name/Title

Medical Provider Signature	Date
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Part 3 – To be Completed by Northwest University's Exemption Request Committee

Date request was received	
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Request received by	Was form completed properly?
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Yes No

Completed forms should be submitted to Amanda Bowman, Director of Human Resources (amanda.bowman@northwestu.edu). This information will be brought to the committee for determination of exemption/accommodation.

Based on the committee's direction, describe the interactive process with the employee (if applicable):

Based on the Committee's direction, was the exemption/accommodation granted?

Yes No

If granted, describe the accommodation, including any alternative safety precautions required:

If an exemption was not granted, explain why:

Committee Representative Signature

Committee Representative Name	Date
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