Medical Exemption Request Form

Los Angeles Skills Academy

Request for Accommodation: Medical Exemption from COVID-19 Vaccination

To request a Medical Exemption from the requirement for Healthcare Workers to receive the COVID-19 Vaccination, please complete Section 1 below and have your Medical Provider complete Section 2.

Section 1 – To Be Completed By Employee / Student/Applicant

Name: ________________________________ Title: __________________________________

Facility Name: __________________________ Phone Number: __________________________

Section 2 – To Be Completed By Employee's / Student/Applicant's Medical Provider

I, _________________________________ (Name of licensed MD, DO, PA, NP), have reviewed the Health Care Worker Vaccine Requirement and hereby certify that the above-named employee/student/applicant has:

A medical condition that contraindicates his/her vaccination with the COVID-19 Vaccine.

Please check the appropriate box:

- ☐ a) The applicable CDC contraindication to the vaccine, or
- ☐ b) The applicable manufacturer's vaccine insert contraindication to this vaccine, or
- ☐ c) The physical condition of the person or medical circumstances relating to the person to that are such that immunization is not considered safe, indicating the specific nature of the medical condition or circumstances that contraindicate immunization with this vaccine

Please note that additional information may be requested as part of the accommodation and interactive process.

This contraindication is: ☐Permanent or ☐Temporary

Medical Provider
Signature & Title: ____ Date: _______________

Medical License Number and State of Issue: ____

Practice Address: ____

Practice Phone Number: ____

Place Practice Stamp Here:

If temporary: The expiration date of the exemption for this vaccine is: ___________________

ADMINISTRATION USE ONLY: ☐ Approved/ Date_________☐ Denied/ Date______________