



COVID-19 Vaccination Medical Exemption Request Regarding Face Covering

If you have a medical condition, mental health condition, disability, or communication disorder that precludes you from wearing a face covering and you seek an exemption from Chaffey's COVID-19 face covering requirements, please consult with your physician, mental health counselor, therapist, or medical professional and complete this form.

The information provided herein will be kept confidential by the District.

To be Filled out By the Employee

Please provide the following information:

Name: _____

E-mail: _____ Phone No.: _____

Physician, Counselor, Therapist, or Medical Professional's Name: _____

Physician's Phone No.: _____

Physician, Counselor, Therapist, or Medical Professional's Address:

_____ Email Address: _____

Employee Verification

I verify that the information I am submitting in support of my request for an exemption is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action.

I understand that the information provided may be used by Human Resources to engage in the interactive process to determine eligibility for and to identify possible reasonable accommodations. I understand that if I refuse to provide the information requested, my refusal may impact Chaffey's ability to adequately understand my request or effectively engage in the interactive process to identify possible reasonable accommodations.

I also understand that my request for an accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace and/or to me, or if it creates an undue hardship on Chaffey.

Employee Signature: _____ Date: _____

Print Name: _____

To be Filled out by the Physician, Counselor, Therapist, or Medical Professional

Dear Physician, Counselor, Therapist, or Medical Professional:

In order to promote a safe and healthy work and academic environment, Chaffey Community College District has set forth directives and policies regarding COVID-19 and has implemented a requirement that Chaffey employees wear face coverings while at the workplace. If your patient has a medical or mental health condition that may prevent him/her from wearing a face covering, please complete the following:

Patient/Employee's Name: _____

QUESTION 1: Does the employee have a (check all that apply):

- Medical condition
- Mental health condition
- Disability
- Communication Disorder

****IF NONE OF THE ABOVE ARE CHECKED, STOP HERE, AN EXEMPTION DOES NOT EXIST**

QUESTION 2: Does the medical condition, mental health condition, disability or communication disorder:

- Prevent or prohibit the employee from wearing face covering?
- For communication disorders only: Does the employee have a communication disability, or would a face covering inhibit communication with a person who is hearing impaired?

****IF NONE OF THE ABOVE ARE CHECKED, STOP HERE, AN EXEMPTION DOES NOT EXIST**

QUESTION 3: Can the employee wear an alternative face covering?

- Yes, the employee can wear a face shield with a drape.
- Yes, the employee has a communication disability and can wear a clear face covering or a cloth face covering with clear panel, or a face shield with a drape.
- Yes, the employee can wear an alternative. Other alternative: _____
- No, the employee cannot wear an alternative.

Physician, Counselor, Therapist, or Medical Professional Certification

I certify that the information I have provided herein is correct.

Signature: _____ Date: _____
(Note: Signature Stamp Not Acceptable)

Title: _____ License or Certification #: _____

*Please submit this completed form to: susan.hardie@chaffey.edu