



ENERGY NORTHWEST

Employee Request for Disability Medical Exemption/Accommodation from COVID-19 Vaccine

Energy Northwest may approve a disability medical exemption/accommodation upon receipt of a completed form that is signed and certified by your licensed health care provider whose specialty is appropriate to the associated condition.

Energy Northwest will evaluate requests for disability medical exemption/accommodation on a case-by-case basis and may approve those it finds do not create an undue hardship or pose a direct threat to the health or safety of others. An approved exemption/accommodation may be subject to change based on, but not limited to, evolving safety standards, government regulations, EN operational needs, and other considerations.

While Energy Northwest will carefully review each request for disability medical exemption/accommodation, approval is not guaranteed. After your request has been reviewed and processed, a meeting will be scheduled to discuss the request and explain if an exemption/accommodation has been granted or denied. Individuals whose requests have been denied are permitted to reapply if new documentation and information should become available.

Energy Northwest reserves the right to modify or cancel this exemption/accommodation at any time.

Disability medical exemption/accommodation process:

- Read the [CDC COVID-19 Vaccine Information](#);
 - Complete and sign the following page of this form;
 - Have your Licensed Health Care Provider complete the provider section of this form;
 - Submit the completed documents to [Human Resources](#), PE07
-

ENERGY NORTHWEST
Employee Request for
Disability Medical Exemption/Accommodation
from COVID-19 Vaccine

Please read and initial each of the statements below:

	I request exemption/accommodation from the COVID-19 vaccination requirements due to my current disability medical condition. I understand and assume the risks of non-vaccination. I accept full responsibility for my health, thus removing liability from EN to the required vaccinations.
	Should I contract COVID-19, I will <u>immediately</u> report it to my supervisor and will comply with all isolation and quarantine procedures as recommended by Washington State and the CDC.
	I acknowledge that I have read the CDC COVID-19 Vaccine Information .
	I understand and agree to comply with all EN's COVID-19 policies and procedures.
	I understand that, if approved, this exemption/accommodation is provisional and only valid while provided for under law, regulation, procedures, or policies applicable to EN, and I may need to submit a new request for any subsequent changes based on, but not limited to, evolving safety standards, policies, government laws or regulations, EN operational needs, or new medical circumstances concerning COVID-19 vaccinations.
	I authorize my licensed health care provider to provide EN with my medical information about my disability medical exemption/accommodation for the COVID-19 vaccination, so that EN may evaluate my exemption/accommodation request. I understand that EN may need to discuss my medical information with my provider and hereby grant my provider authorization to discuss relevant medical information with EN.
	I certify the information I have provided in connection with this request is accurate and complete as of the date of the submission. I understand this exemption/accommodation may be revoked and I may be subject to disciplinary action up to and including termination of employment if any of the information I provided in support of this exemption is false.

Signature: _____

Printed Name: _____ **Date:** _____

ENERGY NORTHWEST
Employee Request for
Disability Medical Exemption/Accommodation
from COVID-19 Vaccine

Attention Health Care Provider:

_____ (insert patient's name) is requesting a disability medical exemption/accommodation from the COVID-19 vaccination. A disability medical exemption/accommodation may be allowed for certain recognized factors that render administration of vaccinations medically inadvisable.

Please certify below the medical reason that your patient should not be vaccinated for COVID-19 by completing this form and attaching available supporting documentation. Information provided on this form will be reviewed in consideration of the exemption/accommodation request.

Option 1 - Allergy

- ☐ A documented history of a severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of a COVID-19 vaccine. Please indicate which of the following vaccines are contraindicated and name the components, by vaccine.

NOTE: since egg free vaccine is available, history of egg allergy will not be accepted as a routine medical exemption.

- Moderna - List the component(s): _____
- Pfizer - List the component(s): _____
- Janssen/J & J - List the component(s): _____

Option 2 - Physical Condition/Medical Circumstance

- ☐ The physical condition of the patient or medical circumstances relating to the individual are such that vaccination is not considered safe. Please state, with sufficient detail, the specific nature and probable duration of the medical condition or circumstances that contraindicate vaccination with the COVID-19 vaccine.

Explanation:



ENERGY NORTHWEST
Employee Request for
Disability Medical Exemption/Accommodation
from COVID-19 Vaccine

Option 3 – Other

☐ Other. Please provide this information in a separate narrative that describes, in detail, the medical condition or disability in detail that you opine would exempt this individual from vaccination:

Explanation:



ENERGY NORTHWEST
Employee Request for
Disability Medical Exemption/Accommodation
from COVID-19 Vaccine

Certification

I certify that the patient named below has the above contraindication and support the request for a disability medical exemption/accommodation from the COVID-19 vaccine requirement at Energy Northwest.

Provider Information

Health Care Provider's Name:(Please print clearly)	
Provider License Number and Issuing State:	
Provider Specialty:	
Signature:	
Date:	
Name of Provider Company:	
	Address:
	Phone:
	Email:

Patient Information

Patient Name:	
Date:	



ENERGY NORTHWEST
Employee Request for
Disability Medical Exemption/Accommodation
from COVID-19 Vaccine

Received by HR: _____ **Date:** _____
(Name of HR Employee)

Decision

Approved

☐

Denied

☐

Signature:

X

Steve Lorence

Signature:

X

Ryan Verhulp



ENERGY NORTHWEST
Employee Request for
Disability Medical Exemption/Accommodation
from COVID-19 Vaccine

APPROVED ACCOMMODATIONS

(This section to be completed by Energy Northwest.)

Your disability medical exemption has been approved with the following accommodations, which are checked below. If an accommodation is not checked, then it does not apply to your accommodation.

<input type="checkbox"/>	Comply with Energy Northwest's Mask Policy as found on the COVID-19 website
<input type="checkbox"/>	Comply with the CDC 6-foot social distancing recommendation
<input type="checkbox"/>	Comply with Energy Northwest's COVID 19 Screening Checklist as found on the COVID-19 website
<input type="checkbox"/>	Telecommute full time
<input type="checkbox"/>	Be tested for COVID-19 at least once every seven days; and provide documentation of the most recent COVID-19 test result to Energy Northwest no later than the seventh day following the date on which you last provided a test result
<input type="checkbox"/>	Other:

Employee's Supervisor Notified of Decision on: _____

Employee Notified of Decision on: _____

AGREEMENT OF ACCOMMODATIONS

Employee Signature: _____

Date: _____