

COVID-19 Vaccine Medical Exception Request Form

Instructions: Please refer to the [Instructions for filling out the COVID-19 Medical Exception Request Form](#). If you are requesting an exception from the COVID-19 vaccination requirement for medical reasons you must fill out this form and **submit it to your employer or other responsible person**.

DO NOT SEND THIS FORM TO THE OREGON HEALTH AUTHORITY.

I am requesting an exception from the COVID-19 vaccination requirement on the basis of a diagnosed physical or mental condition that limits my ability to receive the COVID-19 vaccination, as certified by my medical provider below.

Individual's name:	Date of birth:
Phone number:	
Signature:	Date:
Employer/organization:	Job title/position:

Please note that if your exception request is approved, you may be required by your employer or other responsible party to take additional steps to protect you and others from contracting and spreading COVID-19. Workplaces are not required to provide this exception accommodation if doing so would pose a direct threat to the excepted individual or others in the workplace or would create an undue hardship.

Statement from Medical Provider

Your patient, named above, has requested an exception to the COVID-19 vaccination requirement due to a medical condition. Please provide the information below.

Please check an option below and complete related questions:

The patient should not receive the COVID-19 vaccination due to a medical condition.

What is the medical condition that prevents them from receiving the COVID-19 vaccination?

Yes No Is the medical condition permanent?

Yes No Is the medical condition temporary? If yes, what is the expected duration?

Please describe how this medical condition impacts their ability to receive the COVID-19 vaccination.

- The patient may not receive a certain type of COVID-19 vaccination. The patient may receive a vaccination manufactured by _____.
- The patient may receive a COVID-19 vaccination.

I certify the above information to be true and accurate.

Printed name of medical provider:	Date:
Signature of medical provider:	Work address:
	Work telephone number:

Lane County COVID-19 Vaccination Risk Mitigation Agreement

As part of receiving an approved exception to the Lane County COVID-19 Vaccination Requirements, I agree to follow additional risk mitigation requirements in lieu of vaccination as outlined below:

- When directed, I will participate in weekly COVID-19 PCR (saliva sample) testing, provided and coordinated by the County as outlined below:
 - I will register myself for the testing program.
 - I will participate in the weekly testing requirement and forward my results to LCHRVaccineER@lanecountyor.gov within 48 hours of receipt.

To acknowledge this statement, enter your initials: _____

- I agree to follow CDC guidance regarding isolation and quarantine if I or a close contact have a positive or presumed positive case of COVID.

To acknowledge this statement, enter your initials: _____

- When directed, I will wear a N95, KN95 or surgical mask in all indoor work spaces.

To acknowledge this statement, enter your initials: _____

- When directed, I will wear a N95, KN95 or surgical mask in all outdoor work spaces when 6 feet of distance from others cannot be maintained.

To acknowledge this statement, enter your initials: _____

I understand that the terms of this Risk Mitigation Agreement regarding use of a N95, KN95 or surgical mask are applicable while I am on County property, or while performing work for the County, or while on paid County time.

I understand that if I believe I have a disability that prevents me from complying with these risk mitigation requirements, I may request to engage in the ADA accommodation process through Human Resources. I understand that the acknowledgement of and participation in these risk mitigation measures are an expectation and requirement of my position at Lane County and that failure to comply with the measures outlined above are a violation of Department and/or County policy.

Employee Name

Signature

Date