



## City of West Hollywood (COVID-19 Vaccination Exemption)

Employee Name:		
De	ear Health Care Provider:	
en		ed to receive a vaccination against COVID-19 as a condition of an exemption to this requirement due to a disability or medical e COVID-19 vaccine.
Ple	ease complete this form to assist the City of W	est Hollywood in the reasonable accommodation process.
	CERTIFICATION	FOR VACCINATION EXEMPTION
1.	Date of your last examination of the employ	ee named above:
2.	I am a health care provider duly licensed to practice medicine in this jurisdiction. I certify that the employee named above should not receive the COVID-19 vaccine due to (explain the specific contraindication to vaccination here, but do not identify the underlying medical condition or disabilityattach a separate sheet or statement if necessary):	
3.	This exemption is:   □ Temporary, expiring on://20	O , or when (describe condition(s) for termination of exemption)
	☐ Permanent	
4.	Does this employee have a medical condition ☐ Yes ☐ No	n, that makes one or more major life activity(ies) <sup>1</sup> difficult to perform?
5.	If yes, the major life activity(ies) affected is/a	are:
	I certify the above information to be true ar for the above-named employee.	nd accurate, and I request exemption from the COVID-19 vaccination
	Health Care Provider's Signature	Date
	Print Name	License No.
	Phone Number	Area of Practice

<sup>&</sup>lt;sup>1</sup> Major life activities include, but are not limited to, walking, talking, breathing, seeing, hearing, lifting, caring for oneself, learning, thinking, concentrating, interacting with others, speaking, performing manual tasks, reading, sitting, and working. The definition also includes major bodily functions including, but not limited to, functions of the immune system, normal cell growth, digestive, neurological, respiratory, circulatory, endocrine, and reproductive systems.