

INSTRUCTIONS FOR USE

THIS FORM INCORPORATES THE REQUIREMENTS OF PROCLAMATION 21-14 MANDATING A COVID-19 VACCINE FOR STATE EMPLOYEES.

THE PROCLAMATION STATES:

To the extent permitted by law, before providing a disability-related reasonable accommodation to the requirements of this order, individuals or entities for which Health Care Providers work as employees, contractors, or volunteers and State Agencies must obtain from the individual requesting the accommodation documentation from an appropriate health care or rehabilitation professional authorized to practice in the State of Washington stating that the individual has a disability that necessitates an accommodation and the probable duration of the need for the accommodation.

What this means:

For a state agency covered by the proclamation to grant a reasonable accommodation to an employee to remain unvaccinated after October 18, 2021, the agency must receive documentation from the employee's medical provider. That documentation must confirm that the employee is medically unable to receive any of the available COVID-19 vaccines. The documentation must also include a duration the accommodation will be needed. *Agencies cannot grant a disability-related accommodation to any employee to remain unvaccinated after October 18, 2021, if they have not received this documentation.*

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. 29 CFR § 1635.8(b)(1)(i)(B).

VACCINE PROCLAMATION MEDICAL QUESTIONNAIRE

_____ (Health Care Provider)

_____ (Address of Health Care Provider)

Re: _____

Dear _____ (Name of Health Care Provider): _____ is employed with Olympic College as the _____ for the _____ has disclosed they have a medical condition or disability which may prevent them from receiving an authorized COVID-19 vaccine. We are requesting you complete the following form to help us to understand whether _____ has a medical condition or disability which prevents them from receiving an authorized COVID-19 vaccine.

1. Are you licensed to practice in the state of Washington? ____ YES ____ NO
2. What is your area of practice and/or medical expertise?

3. _____ has disclosed they have a medical condition or disability that may prevent them from receiving an authorized COVID-19 vaccine. Does _____ suffer from such a condition?
____ YES ____ NO
4. What is the anticipated duration of the medical condition or disability which prevents _____ from receiving an authorized COVID-19 vaccination?

5. In your medical opinion, would a leave of absence be effective in allowing them to receive an authorized COVID-19 vaccine so they may return to the full duties of their position at the conclusion of the leave? ____ YES ____ NO
6. In your medical opinion, if a leave of absence is indicated, what is the anticipated duration of leave required that would permit them to be able to receive an authorized COVID-19 vaccine?

I, Dr. _____, declare that, in my professional opinion, the above responses are true and accurate, to the best of my knowledge and ability.

Signature

Date

Please return this form and your response to **Olympic College Fax Number 360-475-7302 or hrticket@olympic.edu**. We would very much appreciate your cooperation by completing your response no later than **October 4, 2021**.

If you have any questions, please do not hesitate to contact Olympic College Human Resources at **360-475-7300 or hrticket@olympic.edu**.