



Accommodation Request Form – Medical Exemption and pregnancy deferral COVID-19 Vaccination

Laguna College of Art + Design is committed to complying with all laws that protect qualified individuals with a medical condition. When requested, the company will provide a reasonable accommodation for a medical condition that may interfere with an employee’s ability to receive a COVID-19 vaccination, provided the requested accommodation does not create an undue hardship or pose a direct threat to the health or safety of others in the workplace and/or to the requesting employee. Laguna College of Art + Design is committed to participating in a good faith interactive process with employees to determine whether or not a reasonable accommodation can be made.

To request an exemption or deferral from COVID-19 vaccination, please complete section 1 below and have your medical provider complete section 2 before returning this form.

**SECTION 1  
TO BE COMPLETED BY EMPLOYEE**

|                    |  |
|--------------------|--|
| <b>Name:</b>       |  |
| <b>Job Title:</b>  |  |
| <b>Department:</b> |  |
| <b>Supervisor:</b> |  |

I am requesting a medical exemption or deferral from LCAD’s mandatory vaccination policy for the COVID-19 vaccination.

I verify that the information I am submitting to substantiate my request for exemption from LCAD’s vaccination policy is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including termination. I further understand that LCAD is not required to provide this exemption accommodation if doing so would pose a direct threat to myself or others in the workplace or would create an undue hardship for LCAD.

|                     |       |
|---------------------|-------|
| Employee Signature: | Date: |
|---------------------|-------|

**SECTION 2  
Medical Certification for Vaccination Exemption  
TO BE COMPLETED BY LICENSED MEDICAL PROFESSIONAL**

Dear Medical Provider,



**Accommodation Request Form – Medical Exemption and pregnancy deferral COVID-19  
Vaccination**

LCAD requires vaccination against COVID-19 as a condition of employment. The individual named above is seeking an exemption to this policy due to medical contraindications. Please complete this form to assist LCAD in the reasonable accommodation process.

|  |
|--|
| <p><b>The person named above should not receive the COVID-19 vaccine due to (please list the nature of impairment and reason(s) for conflict with vaccination:</b></p><br><br><br> |
| <p><b>This exemption should be:</b></p> <p><input type="checkbox"/> Temporary, expiring on: __/__/__, or when _____</p> <p><input type="checkbox"/> Permanent</p>                  |

I certify the above information to be true and accurate, and request exemption from the COVID-19 vaccination for the above-named individual.

|                                |                 |
|--------------------------------|-----------------|
| Medical Provider Name (print): |                 |
| Medical Provide Signature:     | Date:           |
| Practice Name & Address:       | Provider Phone: |

Please return this form to Human Resources. [hr@lcad.edu](mailto:hr@lcad.edu)

***For Employer Use:***

|   |                                       |
|---|---------------------------------------|
| <b>Received By:</b>                             |                                       |
| <b>Date:</b>                                    |                                       |
| <b>Request:</b>                                 | ___ <b>Approved</b> ___ <b>Denied</b> |
| <b>Additional Information:</b>                  |                                       |
| <b>Description of Accommodation Agreed Upon</b> |                                       |