



CROWN CONSULTING, INC. - COVID-19 VACCINATION MEDICAL EXEMPTION REQUEST FORM

Request for Accommodation: Medical Exemption from COVID-19 Vaccination

Crown is committed to providing equal employment opportunities without regard to any protected status and a work environment that is free of unlawful harassment, discrimination, and retaliation. Crown is also committed to complying with all laws protecting individuals with disabilities or medical conditions.

As such, when requested, Crown will provide an exemption/reasonable accommodation for any known medical condition or disability of a qualified individual which prevents the employee from receiving a COVID-19 vaccine, provided the requested accommodation is reasonable and does not create an undue hardship for Crown and/or pose a direct threat to the health or safety of others in the workplace and/or to the requesting employee.

To request an Exemption/Accommodation related to Crown’s COVID-19 vaccination policy, please (i) complete Part 1 of this form,(ii) have your healthcare provider complete Part 2 (the certification portion), and (iii) return Part 1 and 2 to Human Resources. This information will be used by Crown to engage in an interactive process to determine whether an employee is eligible for such exemption/accommodation and if so, to determine the reasonable accommodations which can be provided that would enable the employee to perform the essential functions of their position without posing a threat of harm to self or others.

If an employee refuses to provide such information, the employee’s refusal may impact Crown’s ability to adequately understand the employee’s request or to effectively engage in the interactive process to identify possible accommodations.

Medical exemptions/accommodations for the COVID-19 vaccine will be considered if the employee provides a written certification by a licensed, treating medical provider [a physician (MD or DO), nurse practitioner (NP), or physician’s assistant (PA)], of one of the following:

1. The applicable CDC contraindication for the COVID-19 vaccine,
2. The applicable contraindication found in the manufacturer’s package insert for the COVID-19 vaccine, or
3. A statement that the physical condition of the person or medical circumstances relating to the person are such that immunization is not considered safe, indicating the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization with the COVID-19 vaccine.

Part 1

Name (print):	Date:
Crown Contract:	Position:
Crown Manager:	Cell Phone:



I am requesting a medical exemption from Crown Consulting, Inc.'s mandatory COVID -19 vaccination policy.

What type of a medical accommodation would you like to request?

I verify that the information I am submitting to substantiate my request for exemption from Crown Consulting, Inc.'s COVID-19 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 Crown Consulting, Inc. 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 Crown Consulting, Inc.

Employee Signature:	Date:
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Part 2

CROWN CONSULTING, INC. - COVID-19 Vaccination MEDICAL CERTIFICATION EXEMPTION

Employee Name: _____

Dear Medical Provider,

As a government contractor, Crown Consulting, Inc. requires the 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 Crown Consulting, Inc. in the reasonable accommodation process. If you have any questions about this form, you may contact Crown HR at 703-650-0663 ext. 3059 or 4011.

The person named above should not receive the COVID-19 vaccine due to:
This exemption should be: <input type="checkbox"/> Temporary, expiring on: __/__/____, or when _____ <input type="checkbox"/> Permanent

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 Provider Signature:	Date:
Medical Provider Name & Address:	Provider Phone:

Summary of Next Steps:

1. This request will be reviewed by HR and the Crown Executive team.
2. You will be notified of the decision regarding your requested medical exemption.
3. If you are granted a medical exemption, you will be required to undergo twice a week COVID-19 testing in addition to observing all COVID-19 health and safety protocols.

Return Completed Form to HR:

info@crownci.com