

SKIDMORE COLLEGE

REASONABLE ACCOMMODATION FORM FOR DISABILITY OR MEDICAL CONDITION

Skidmore College (the "College") is committed to providing equal employment opportunities without regard to any protected status. As such, the College is committed to complying with all laws protecting individuals with disabilities or medical conditions. When requested, the College will provide reasonable accommodation for any known medical condition or disability of a qualified individual, provided the requested accommodation is reasonable and does not create an undue hardship for the College or pose a direct threat to the health and/or safety of others in the workplace, educational environment, residential environment and/or to the requesting employee.

To request a reasonable accommodation, please complete Part A of this form, have your healthcare provider complete Part B (certification of a medical condition) and return this form to Human Resources. This information will be used by Human Resources to engage in an interactive process to determine eligibility for an accommodation and, if applicable, to determine the reasonable accommodation(s) that can be provided to enable the employee to perform the essential functions of their position without causing an undue hardship on the College or posing a direct threat of harm to self or others. Failure to provide this information may impact the College's ability to effectively engage in the interactive process and to provide a reasonable accommodation.

For Requests for Exemption from Vaccination/Booster Requirement: Medical exemptions/accommodations for the COVID-19 vaccine will be considered if an employee provides a written certification by a licensed, treating medical provider of one of the following: (1) the applicable CDC contraindication for the COVID-19 vaccine; or (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 vaccination 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 A – TO BE COMPLETED BY EMPLOYEE

Name: _____ Job Title: _____

Supervisor: _____ Unit/Department: _____

I verify that the information I am submitting in support of my request for accommodation is complete and accurate to the best of my knowledge and that any intentional misrepresentation contained in this request may result in corrective action.

I hereby authorize my medical provider to release my medical information to Skidmore College for the purposes of engaging in the interactive process to determine the availability of reasonable accommodation(s) of my medical condition. I understand that I may revoke this authorization in writing at any time, except that such revocation will not apply to any disclosures or actions taken in reliance on such disclosures up to the date of revocation. I have read and understand this authorization.

Employee Signature

Date

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PART B – TO BE COMPLETED BY MEDICAL PROVIDER

Please describe the nature and extent/severity of the medical condition: _____

What is the duration of the medical condition? _____

Please describe the limitations of the medical condition that are interfering with the employee's ability to perform their job or access an employment benefit. If a job description is attached, please use it to identify the job functions that are limited. _____

Please describe the accommodation(s) being sought and how the accommodations will be effective in allowing the employee to perform the functions of their job. _____

FOR REQUEST FOR EXEMPTION/ACCOMMODATION OF VACCINATION/BOOSTER MANDATE ONLY

Skidmore College requires all employees to receive the COVID-19 vaccine prior to the Fall 2021 academic semester and to receive the COVID-19 booster when eligible. The above-named individual is requesting an exemption from this vaccination requirements. A medical exemption from the COVID-19 vaccination may be allowed for certain recognized contraindications. Please complete the form below.

The above person should not be immunized for COVID-19 for the following reasons (Please check all that apply.):

_____ History of previous allergic reaction to indicate an immediate hypersensitivity reaction to a component of the vaccine.

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_____ The physical condition of the person or medical circumstances relating to the person are such that immunization is not considered safe. Please indicate the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization with the COVID-19 vaccine.

_____ Other – Please provide this information in a separate narrative that describes the need for exemption in detail.

Please Note this form does not cover, and the information to be disclosed should not contain, genetic information. “Genetic information” 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.

I, the undersigned, do hereby certify that _____ (Print Name of Employee) has the above contraindication, and I request a medical exemption from the COVID-19 vaccination/booster.

Signature of Health Care Provider

Date

Print Name

Telephone Number

Office Address

Please return this form to the Skidmore College Human Resources Department or by email to jsklein@skidmore.edu