

**City of Newton COVID-19 Vaccination Policy
Attachment B**

Medical Exemption Request Form

To request an exemption from required vaccinations, please complete section 1 below and have your medical provider complete section 2, before returning this form to the Department of Human Resources. Be sure to sign both pages of the request where noted. Requests must be received by the Department of Human Resources no later than Friday, October 8, 2021 to allow for appropriate review time.

The submission of this form does not constitute an exemption approval and exemptions are not guaranteed. The City reserves the right to request additional documentation supporting the need for an exemption. The City will keep confidential any medical information obtained in connection with requests for exemption.

Forms should be submitted electronically, when possible, via a secure email: vaccinepolicy@newtonma.gov. If you are unable to submit via email, you may also submit this form by secure fax to 617-454-5792 or by sending directly to the Human Resources Department located at Newton City Hall, Room 210, 1000 Commonwealth Avenue, Newton MA 02459.

Section 1:

Name (print or type):	Date:
Dept.:	Position:
Email:	Phone:

I am requesting a medical exemption from the City of Newton’s COVID-19 vaccination policy. I verify that the information I am submitting to substantiate my request for exemption is true and accurate. I understand that any falsified information can lead to disciplinary action, up to and including termination from employment.

I further understand that the City of Newton is not required to provide this exemption accommodation if doing so would create an undue hardship for the City of Newton.

Employee Signature:	Date:
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**Section 2:
Medical Certification for Vaccination Exemption**

Employee Name:	Date:
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Dear Medical Provider,

The City of Newton requires COVID-19 vaccination of its employees as a condition of employment. The individual named above is seeking an exemption to this policy for medical reasons.

Please complete this form to assist the City of Newton in the reasonable accommodation process.

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
Describe any accommodations that you believe might address this employee's needs:

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 or type):	
Medical Provider Signature:	Date:
Practice Name and Address:	Provider Phone:

Employee Signature:	Date:
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