

**CITY OF LOS ANGELES
EMPLOYEE REQUEST FOR
MEDICAL EXEMPTION OR VACCINATION DEFERMENT
(From COVID-19 Vaccination Requirement)**

EMPLOYEE NAME	EMPLOYEE ID
JOB TITLE	DEPARTMENT
WORK SECTION / DIVISION / UNIT	SUPERVISOR
PHONE NUMBER	EMAIL

By submitting this form, I acknowledge I am requesting a medical exemption or deferment to the City of Los Angeles COVID-19 Vaccination Requirement for one of the following reasons:

1. I need a medical exemption due to a contraindication or precaution to COVID-19 vaccination or by the vaccines' manufacturers based on my disability or medical condition; or
2. I need a vaccination deferment due to a COVID-19 monoclonal antibody or convalescent treatment (within the last 90 days).
3. I need a vaccination deferment due to my positive COVID-19 test and present isolation period.

To be eligible for a Medical Exemption/Vaccination Deferment, you must check the box on Page 2 next to the circumstance that applies to the basis for your request. **A completed Healthcare Provider Statement Supplemental Form must be submitted with this Exemption Request Form.**

Note: You do not need to identify any diagnosis, disability, or other protected health information (other than COVID-19 diagnosis in Part B). The City does not and cannot require your medical diagnosis to process your request.

EMPLOYEE NAME	EMPLOYEE ID
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TO BE COMPLETED BY EMPLOYEE REQUESTING EXEMPTION OR DEFERMENT

Section A: Request for Medical Exemption Due to Contraindication or Precaution

- The contraindications or precautions to COVID-19 vaccination recognized by the CDC or by the vaccines' manufacturers apply to me, based on my disability or medical condition, with respect to all available COVID-19 vaccines. For that reason, I am requesting an exception to the COVID-19 vaccination requirement based on a medical exemption. My request is supported by the attached certification from my health care provider. ***I understand that the certification must be signed by a licensed physician.***

Section B: Request for Vaccination Deferment Due to COVID-19 Treatment

- I have been treated for COVID-19 with a monoclonal antibody or convalescent treatment within the last 90 days. For that reason, I am requesting a deferment to the COVID-19 vaccination requirement based on the treatment I received for my prior COVID-19 status. My request is supported by the attached certification from my health care provider. ***I understand that the certification must be signed by a licensed physician and must state the date on which I received the monoclonal antibody or convalescent treatment for COVID-19.***

Section C: Positive COVID-19 Test Within the Last 10 Days

- I certify I received a positive COVID-19 test and am in isolation pursuant to advice by a medical professional. My request is supported by the attached certification from my health care provider. ***I understand that the certification must be signed by a licensed physician and must state the date on which I was first diagnosed with COVID-19 (for which I am presently in isolation).***

EMPLOYEE NAME	EMPLOYEE ID
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Please use the space below or attach documents as necessary to provide any additional information that you think may be helpful in processing your request. **Again, you do not need to identify your diagnosis, disability, or other protected health information (other than a COVID-19 diagnosis). The City does not and cannot require your medical diagnosis (other than as specified).**

EMPLOYEE ACKNOWLEDGEMENT

I understand that the City may contact my health care provider to verify the authenticity of any supporting medical documentation provided.

*While my request is pending, I understand that I must comply with the City of Los Angeles’s **Workplace Safety Standards** and all other City safety policies and practices (e.g., face coverings, regular asymptomatic testing) for unvaccinated or not fully vaccinated individuals as a condition of my employment. The City’s required safety practices may include more stringent requirements than those established by the Centers for Disease Control (CDC) and Los Angeles County Department of Public Health. I also understand that I must comply with any additional safety practices applicable to my circumstances or position.*

If my request is granted, I understand I will be required to comply with departmental and City safety protocols for unvaccinated employees as a condition of my employment.

I verify the truth and accuracy of the statements and acknowledgements made in this request form. I also understand that the knowing submission of false or misleading information violates City policy for which I may be subject to discipline (See City of Los Angeles Personnel Policies Section 33.2).

Employee Printed Name	
Employee Signature	
Date	

EMPLOYEE NAME	EMPLOYEE ID
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DATES TO BE COMPLETED BY MANAGEMENT

Sent to Employee	
Completed Form Due	
Completed Request Form Submitted by Employee	

Submitted to Review Unit	
Submitted By	
Determination Submitted by Review Unit to Department	

TO BE COMPLETED BY COVID-19 EXEMPTION/DEFERMENT REVIEW UNIT

Assigned Reviewer(s): _____

Determination:

- Exemption/Deferment Approved
- Exemption/Deferment Denied
- More information needed:
 - Additional Documentation
 - Follow up with Medical Provider
 - Other: _____