INC. VILLAGE OF SALTAIRE
P.O. BOX 5551, BAYSHORE, NY 11706
Website: www.saltaire.org

Phone (631) 583-5566
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Public Safety: (631) 583-5572
email: office@saltaire.org

VILLAGE OF SALTAIRE
REQUEST FOR ACCOMMODATION:
EMPLOYEE MEDICAL EXEMPTION FROM COVID-19 VACCINATION/TESTING

If you are seeking a medical exemption from the Village's COVID-19 vaccination or testing requirements pursuant to the Village's "COVID-19 Vaccination/Testing Policy," please complete Section 1 of the below form and have your medical provider complete Section 2. Please return the completed form to Mario Posillico at the Village Office located at 103 Broadway, Saltaire, New York, or via mail to Mario Posillico PO Box 5551, Bay Shore, NY 11706. **Only if you authorize the Village to receive the exemption document by email, you may choose to send it via e-mail to mario@saltaire.org.** This document will be used by the person or committee making the determination and will be kept in your confidential medical file. If you have any questions regarding this form, please contact Mario Posillico at the above e-mail address or at 631-583-5566.

SECTION 1

(To be completed by the Employee or Employees Parent of Guardian (if under 18 years old)

Employee Name and Birth Date: ____

Employee (or Parent/Guardian) Phone Number & Email:____________________________________

I, ________________________, am requesting a medical exemption from the Village's COVID-19 vaccination/testing requirements. I verify that the information that I am submitting to substantiate my exemption request is true and accurate to the best of my knowledge. I further verify and that if I or my doctor submit the exemption document via email, that I am authorizing the Village to receive the exemption documents and its contents by email. I further understand and acknowledge that the Village is not required to provide this exemption as an accommodation if doing so would pose a direct threat to myself or others in the workplace, or would create an undue hardship for the Village.

______________________________ ____________________
(Signature) (Date)

SECTION 3

For Village Use Only

Initial Request Received: __/__/__ Medical Certification Received: __/__/__

Date of Interactive Process Meeting: __/__/__ Accommodation request was (check one): __ Approved __ Denied
If approved, describe the details of accommodation(s) to be provided; if denied, provide the reasons for denial of the request:

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SECTION 2

(To be completed by the Covered Individual's Health Care Provider)

Medical Certification for Vaccination/Testing Exemption

Name: ________________________________ Employee Birth Date:_____________________________

Dear Health Care Provider,

The Village of Saltaire is requiring individuals covered by its "COVID-19 Vaccination/Testing Policy" to be vaccinated against COVID-19. The above-named individual is seeking an exemption to this policy due to medical contraindications. Please complete Section 2 of this form to assist the Village in the reasonable accommodations process.

In addition, please be advised that the Genetic Information Nondiscrimination Act of 2008 ("GINA") prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, 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.

1. Please indicate the medical reason(s), if any, that the above-named individual should not receive a COVID-19 vaccination(s) and/or submit to Weekly COVID-19 testing if an exemption is granted:

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2. Are there any conditions or situations upon which the individual's exemption, if granted, should be reevaluated (*e.g.*, after a certain timeframe for a temporary medical condition; upon completion of a care regimen you are currently/will be providing; if a certain type of COVID-19 test is used or if a new COVID-19 vaccine becomes available; *etc.*)?

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(Add Pages if Necessary)

I hereby certify that the above information is true and accurate, and recommend that the above-named individual be granted an exemption from the Village's COVID-19 vaccination/testing requirement.

____ ________________

Name of Medical Provider (Please Print) Date

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Signature of Medical Provider

Practice Name, Address and Telephone Number:

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