

## Accommodation Medical Request Form - Vaccination Exemption

Providers: Please return this form to the Accessibility and Accommodations Division via fax to 217-244-9136 or email to [accessibility@illinois.edu](mailto:accessibility@illinois.edu).

Employees: Please upload this document to your case.

### Section 1: Completed by employee

Employee Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Employee UIN: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Summary of Job Duties: \_\_\_\_\_

### Section 2: Completed by Health Care Provider

Are you the above employee's treating provider?  Yes  No

Please identify the underlying medical condition or diagnosis(es) that contraindicates the employee/patient receiving a COVID-19 vaccination: \_\_\_\_\_

Does the employee's diagnosis(es) warrant exemption from obtaining a COVID-19 vaccination?

Yes  No

Provide a timeline for this restriction:  Permanent  Temporary - Estimated end date: \_\_\_\_\_

Unknown (explain): \_\_\_\_\_

Please add any additional questions or comments: \_\_\_\_\_

### Section 3: Health Care Provider Information

Health care provider name & area of practice: \_\_\_\_\_

Name of company/clinic: \_\_\_\_\_ Office phone: \_\_\_\_\_

State professional license number: \_\_\_\_\_ Office fax: \_\_\_\_\_

Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_

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.