



**EMPLOYEES INTERACTIVE PROCESS QUESTIONNAIRE
COVID-19 VACCINE EXEMPTION**

Essex County College (ECC) is committed to providing equal employment opportunities without regard to any protected status and a work environment that is free of unlawful harassment, discrimination, and retaliation. We are also committed to complying with all laws protecting individuals with disabilities or medical conditions. When requested, ECC will provide an exemption/reasonable accommodation for any known medical condition or disability of a qualified individual which prevents the employee from receiving a COVID-19 vaccine, and for pregnancy and/or breast-feeding status, provided the requested accommodation is reasonable, permits the employee to perform the essential functions of their job and/or does not create an undue hardship for ECC and/or pose a direct threat to the health or safety of others in the workplace and/or to the requesting employee.

To request an Exemption/Accommodation related to ECC’s COVID-19 vaccination policy, please complete **Part 1** of this form, have your healthcare provider complete **Part 2** (the Certification portion), and return those parts to Human Resources. This information will be used by Human Resources or other appropriate personnel to engage in an interactive process to determine whether an employee is eligible for an exemption/accommodation and if so, to determine any reasonable accommodations which may be provided. If an employee refuses to provide the below information, the employee’s refusal may impact ECC’s ability to adequately understand the employee’s request or to effectively engage in the interactive process to identify possible accommodations.

Part 1 – To Be Completed by Employee:

Name (Last, First): _____ ECC# _____

Date of Request: _____

Verification and Accuracy

I verify that the information I am submitting in support of my request for an accommodation is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I also understand that my request for an accommodation may be denied if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace and/or to me, or if I cannot perform the essential functions of my job or it creates an undue hardship on ECC. I understand and agree that I am subject to ECC’s mask/face covering mandate unless I qualify for a medical exemption to the same. I further understand and agree that while I am unvaccinated for COVID-19, I am subject to mandatory weekly COVID-19 testing (PCR test) and will submit my weekly test results to ECC.

Signature: _____

Print Name: _____ Date: _____

Part 2 – To be completed by Employee’s Medical Provider:

Employee Name: _____

Attention Medical Provider:

Essex County College requires a COVID-19 vaccination as a condition of employment. The above-named employee is requesting an exemption from this vaccination requirement. A medical exemption from the COVID-19 vaccination may be allowed for certain recognized contraindications, including medical conditions, pregnancy and/or breast-feeding status.

IMPORTANT NOTE TO HEALTHCARE PROVIDER:

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.

Please complete the form below. Thank you.

The above person should not be immunized for COVID-19 for the following reasons:

Please indicate the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization with the COVID-19 vaccine.

I certify that _____ has the above contraindication and request a medical exemption from the COVID-19 vaccination.

Medical Provider Signature: _____

Date: _____

Print Name: _____

Address: _____

Phone number: _____

AFFIX STAMP BELOW:

Part 3 – To be completed by Human Resources Representative

Date this Request Form Received in Human Resources: _____

Interactive Discussion Date(s) if applicable:

Exemption/Accommodation granted? _____ Yes _____ No

Describe Exemption/Accommodation:

If Exemption/Accommodation granted, list required alternative safety precautions required: If Exemption/Accommodation not granted, explain why:

Name of HR Representative: _____

Signature of HR Representative: _____

Date: _____