

## REQUEST FOR ACCOMMODATION: EXEMPTION FROM COVID-19 VACCINATION

**Purpose:** To request a medical or religious accommodation from the COVID-19 vaccine, if required by law<sup>1</sup>, please complete the appropriate sections below and return this form to your agency human resources department<sup>2</sup>.

Employee's Name:

Date of Request:

Employee's Job Classification:

Agency:

Email Address:

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I am requesting an accommodation in the form of an exemption from the Centers for Medicare and Medicaid Services (CMS) mandated COVID-19 vaccination requirement for the reason(s) indicated below. I understand that I may be asked to provide additional information to substantiate my request.

- MEDICAL ACCOMMODATION<sup>3</sup>:** I hereby request that I be exempted from the CMS mandated COVID-19 vaccine required for State of Idaho employees due to a medical condition or circumstance in which vaccination is contraindicated.

*\*Please describe the nature of your medical condition or circumstance, how your disability impairs or limits your ability to receive the COVID-19 vaccine, and the specific accommodation(s) you are requesting, if known:*

- RELIGIOUS ACCOMMODATION<sup>4</sup>:** I hereby request that I be exempted from the CMS mandated COVID-19 vaccine required for State of Idaho employees due to my sincerely held religious belief(s), practice(s), or observance(s).

*\*Please describe the nature of your sincerely held religious belief(s), practice(s), or observance(s) that conflict with the vaccination requirement:*

I verify that the information I am submitting to substantiate my request for exemption from the COVID-19 vaccine is true and accurate to the best of my knowledge. I further understand that the State of Idaho is not required to provide this exemption accommodation if doing so would pose a direct threat to myself or others in the workplace or would create an undue hardship. I further understand that if my request for exemption is approved, I may be required to adhere to other health and safety protocols.

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Employee Signature

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Date

**Once completed, please return to human resources.**

## Definitions

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1. Health care providers working in a Medicaid or Medicare-participating long-term care facility per the Centers for Medicare and Medicaid Services (CMS), subject to the [Omnibus Health Care Staff Vaccination rule](#).
2. Federal regulations requiring COVID-19 vaccinations do not apply to all employees of the State of Idaho.
3. This accommodation exemption request may require the completion of the medical assessment questionnaire, which is a request for a reasonable accommodation under the Americans with Disabilities Act (ADA). This form requires the signature of a licensed healthcare provider.
4. The State of Idaho recognizes and protects the fundamental right of the free exercise of religion pursuant to I.C. §73-402. Idaho law dictates that a religious belief may only be interfered with if it is essential to a compelling government interest and the least restrictive means to achieve that interest.