

**VACCINATION EXEMPTION REQUEST FOR A MEDICAL REASON**

Dear Employee,

As you are aware, Sonoma State University has mandated that employees receive COVID-19 vaccinations, except in instances where the employee is medically unable to receive the vaccine or has a religious exemption on file. In cases where an employee cannot be vaccinated because of a medical reason, Sonoma State University must ensure that an unvaccinated employee would not pose a direct threat due to a “significant risk of substantial harm to the health or safety of the individual or others that cannot be eliminated or reduced by reasonable accommodation.” [29 C.F.R. 1630.2\(r\)](#).

To substantiate your request for a medical exemption from Sonoma State University’s requirement that all employees be “fully vaccinated” against COVID-19 as a condition of their employment, Sonoma State University will need your Health Care Provider to confirm whether you have a medical condition that precludes your ability to be safely vaccinated.

We must also ensure that you being unvaccinated does not pose a direct threat to you or others as indicated above.

If you are unable to be vaccinated due to a medical condition, then Sonoma State University will engage with you in the interactive process in compliance with Title I of the Americans with Disabilities Act (ADA) and the Fair Employment and Housing Act (FEHA).

If you qualify for the interactive process, Sonoma State University must do the following:

1. Engage with you in a timely, good faith interactive process in order to discuss potential accommodations that will allow you to continue to perform your essential job duties; and
2. Provide you with an accommodation that will allow you to perform your essential job duties, unless the provision of such accommodation would impose an undue hardship on Sonoma State University or pose a direct threat to your health and safety or the health or safety of others.

At this time, and before additional decisions can be made, Sonoma State University requires additional information from your Health Care Provider. As such, please have your Health Care Provider complete the attached medical questionnaire form. **Please submit this completed form to [hraccommodations@sonoma.edu](mailto:hraccommodations@sonoma.edu) within 14 calendar days from the date of requesting the vaccine exemption.** Importantly, please do not provide information pertaining to your possible medical condition(s) or treatment plan(s). Sonoma State University is not asking for protected health information nor information about your underlying condition. Please ask your Health Care Provider to respond only to the questions posed.

Once Sonoma State University receives the completed medical questionnaire form, we will review it and determine what, if any, additional information may be required in determine whether you qualify for exemption from Sonoma State University’s requirement that all employees be “fully vaccinated” against COVID-19. If you qualify for exemption, Sonoma State University will continue the interactive process in order to determine if Sonoma State University can provide your requested accommodation.

To Employee's Doctor:

**Request for Additional Information for a COVID-19 Vaccination Exemption Request**

Please allow this letter to serve as an introduction. Sonoma State University has mandated that all its employees be "fully vaccinated" with an FDA-approved COVID-19 vaccine as a term of employment. Your patient has informed us they are unable to be vaccinated due to a medical condition or health reason.

In order to substantiate your patient's assertion that they are exempt from this requirement, and begin the interactive process in order to determine whether Sonoma State University can accommodate them, Sonoma State University requires that you provide us certain additional information about your patient.

Please be advised that Sonoma State University, in requesting this information, is following the guidance provided below from the U.S. Equal Employment Opportunity Commission (EEOC) and Department of Fair Employment and Housing (DFEH) in order to determine whether the reasonable accommodations for your patient:

*Employers and employees should engage in a flexible, interactive process to identify workplace accommodation options that do not constitute an undue hardship (significant difficulty or expense). This process should include determining whether it is necessary to obtain supporting documentation about the employee's disability and considering the possible options for accommodation given the nature of the workforce and the employee's position. The prevalence in the workplace of employees who already have received a COVID-19 vaccination and the amount of contact with others, whose vaccination status could be unknown, may impact the undue hardship consideration. In discussing accommodation requests, employers and employees also may find it helpful to consult the Job Accommodation Network (JAN) website as a resource for different types of accommodations, [www.askjan.org](http://www.askjan.org). JAN's materials specific to COVID-19 are at <https://askjan.org/topics/COVID-19.cfm>*

*Reference: K.5. from What You Should Know About COVID-19 and the ADA, the Rehabilitation Act, and Other EEO Laws: <https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws>.*

Guidance from the Department of Fair Employment and Housing (FEHA) to access and determine reasonable accommodations for your patient:

*May an employer require its employees to be vaccinated against COVID-19?*

*Short Answer: Under the FEHA, an employer may require employees to receive an FDA-approved vaccination against COVID-19 infection so long as the employer does not discriminate against or harass employees or job applicants on the bases of a protected characteristics, provides reasonable accommodations relate to disability or sincerely-held religious beliefs or practices, and does not retaliate against anyone for engaging in protected activity (such as requesting a reasonable accommodation).*

*Reference: Vaccination Section of "DFEH Employment Information on COVID-19:" [https://www.dfeh.ca.gov/wp-content/uploads/sites/32/2020/03/DFEH-Employment-Information-on-COVID-19-FAQ\\_ENG.pdf](https://www.dfeh.ca.gov/wp-content/uploads/sites/32/2020/03/DFEH-Employment-Information-on-COVID-19-FAQ_ENG.pdf)*

Within 14 calendar days from the date of this letter, we respectfully request that you complete the attached supplemental medical questionnaire.

The questionnaire is intended to obtain the following information:

1. Is your patient medically ineligible to receive an FDA-approved COVID-19 vaccine?
2. If so, would your patient's unvaccinated status create any need for work restrictions or create any functional limitations in the workplace? If so, please state what the work restrictions are.
3. Would your patient's unvaccinated status pose either a direct threat to their health and safety or to the health or safety of other individuals in the workplace?

You may return the completed questionnaire to my attention via fax at 707-664-4049 or via email at [hraccommodations@sonoma.edu](mailto:hraccommodations@sonoma.edu).

**Please note Sonoma State University is only seeking to understand whether your patient has a health or medical reason that would preclude their vaccination, what are the work restrictions/functional limitations related to such health or medical reason and how might Sonoma State University be able to accommodate your patient given their essential job duties. Please do not provide any information pertaining to your patient's underlying medical condition, diagnoses, or treatment plans. We are not requesting, nor can we receive, any private or protected medical information related to your patient.**

The authority that allows us to request and receive the information requested in the attached questionnaire are the following two California Laws:

- **California Confidentiality of Medical Information Act** (Civil Code Sec. 56.10(c)(8)(B)): The organization can receive information from a Health Care Provider that:
  - “Describes functional limitations of the patient that may entitle the patient to leave from work for medical reasons or limit the patient's fitness to perform his or her present employment, provided that no statement of medical cause is included in the information disclosed.”
- **California Code of Regulations (CCR)** (2 CCR 11069(d)): Your patient must:
  - “The applicant or employee shall cooperate in good faith with the employer or other covered entity, including providing reasonable medical documentation where the disability or the need for accommodation is not obvious and is requested by the employer or other covered entity.”

Thank you for your assistance in this matter. If you have any questions, please do not hesitate to contact us directly at [hraccommodations@sonoma.edu](mailto:hraccommodations@sonoma.edu) and once again, please submit the completed questionnaire to us within 14 calendar days from the date of this letter via fax at 707-664-4049 or via email at [hraccommodations@sonoma.edu](mailto:hraccommodations@sonoma.edu).

## SUPPLEMENTAL MEDICAL QUESTIONNAIRE

**PATIENT NAME:** \_\_\_\_\_

I have reviewed the Supplemental Questionnaire Letter and can provide the following information related to my patient's request to receive a medical exemption to Sonoma State University's requirement that all employees be "fully vaccinated" against COVID-19 as a condition of their employment:

**(Check boxes and insert text as appropriate)**

1. Does your patient have a physical and/or mental condition that limits their ability to engage in a major life activity, including, but not limited to, working, caring for themselves, performing manual tasks, walking, seeing, hearing, eating, sleeping, or engaging in social activities?  
☐ NO, my patient does not have a physical or mental impairment that limits their ability to engage in a major life activity.  
☐ YES, my patient has a ☐ PHYSICAL and/or ☐ MENTAL impairment that limits their ability to engage in a major life activity.
  
2. If the answer to question number one is YES, does the impairment currently affect your patient's ability to perform the essential functions of their job?  
☐ NO, my patient's impairment does not limit their ability to perform the essential functions of their position.  
☐ YES, my patient's impairment does affect their ability to perform **one or more** of the essential functions of their position.
  
3. Does your patient have a disability and/or medical condition that precludes them from receiving a COVID-19 vaccination?  
☐ My patient DOES NOT HAVE a disability and/or medical condition that precludes them from being administered a COVID-19 vaccination. (Please skip to the end of the questionnaire, sign, date and return the form).  
☐ My patient DOES HAVE a disability and/or medical condition that precludes them from being administered a COVID-19 vaccination. My patient is MEDICALLY RESTRICTED being administered a COVID-19 vaccination. (Please continue completing the form)  
☐ UNKNOWN: I do not know if my patient should be restricted from receiving the COVID-19 vaccine. To obtain this information I recommend the following (refer to the proper health care provider, request that the patient be seen, etc.)

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4. **HEALTH AND SAFETY QUESTION RELATED TO WORKPLACE ACCOMMODATIONS:** If you have indicated that your patient CANNOT be administered a COVID-19 vaccination, please indicate whether you believe that the following workplace accommodations would make Sonoma State University's workplace sufficiently safe for

your patient to return to work at the workplace. Please note that the following current safety precautions are present in the workplace:

- a. **CURRENT WORK ENVIRONMENT:** SSU has implemented the following protocols which meet or exceed OSHA and CDC guidelines for workplace safety:
- Wellness Reporting Tool for positive cases on campus
  - Air handling exceeds requirements including a minimum of 4 air exchanges per hour using MERV-14 filtration

- b. Sonoma State University implemented the above safety measures in order to protect the health and safety of your patient as well as their colleagues and members of the public. Are the above measures sufficient to support your patient to work in the physical workplace, unvaccinated?

- ☐ YES, the above safety measures are sufficient to protect the health and safety of my unvaccinated patient in Sonoma State University's physical workplace.
- ☐ NO, the above measures are insufficient to protect the health and safety of my unvaccinated patient in Sonoma State University's physical workplace. The following additional safety precautions also need to be implemented for them: (please be specific)

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- ☐ UNKNOWN. It is unknown if the above safety measures are sufficient to protect the health and safety of my unvaccinated patient in Sonoma State University's physical workplace. In order to make this determination I would require the following additional information:

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- c. If you have indicated that your patient CANNOT be administered an FDA-approved COVID-19 vaccination, are there any accommodations that are needed to support them to continue to perform their essential job duties for Sonoma State University?

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5. **DURATION OF RESTRICTIONS / ACCOMMODATIONS:** If you have listed workplace accommodations or work-from-home accommodation needs for your unvaccinated patient, how long do you anticipate these restrictions being needed?

- ☐ Accommodation Needs / Restrictions are **TEMPORARY** through \_\_\_\_\_ (date)
- ☐ Accommodation Needs / Restrictions are **PERMANENT**
- ☐ Accommodation Needs / Restrictions are for an **UNKNOWN** duration
- ☐ **OTHER / ADDITIONAL INFORMATION:** \_\_\_\_\_

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6. **Additional Restrictions / Accommodation Suggestions:** Please use the space below to include any additional information that you believe would be helpful to the interactive process for this employee. **Please do not list any information pertaining to medical condition or diagnosis.**

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\_\_\_\_\_  
Health Care Provider's Original Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Care Provider's Name Printed

\_\_\_\_\_  
License Number

**RETURN A COPY OF THIS FORM VIA FAX or EMAIL TO:**  
(707) 664-4049 or hraccommodations@sonoma.edu