



Disability or Medical Request for Exception/Deferral

Introduction

The Department of Diversity and Civil Rights Compliance
141 Pryor Street, SW, 5th Floor
Atlanta Georgia, 30303
404-612-7305

The Department of Diversity and Civil Rights Compliance (DCRC) is pleased to have an opportunity to assist you. Below is an outline of what you can expect during the exemption/deferral request process and some frequently asked questions. In order to assist you properly, the DCRC needs your cooperation in obtaining information that will allow our staff to best evaluate and address your request(s).

The attached Disability or Medical Request for Exception/Deferral Form from COVID-19 Vaccination & Testing Form (Form) and cover page are designed to provide you with the information you will need to get started.

Please fully complete and return the attached Form to the DCRC staff identified on the Form and ensure that your licensed medical provider returns all requested documents to DCRC staff promptly. Be sure to also include any documentation you may have pertaining to your request. If you have any questions or need assistance with completing the Form, please call the DCRC's main telephone # (404) 612-7305. If you do not have email access or have difficulty submitting the attached Form electronically, please also call the DCRC's main telephone number # 404 612-7305 for assistance.

After receiving your completed Form, the DCRC will contact you by telephone and/or email to schedule a meeting with you to review your information and develop a detailed understanding of your concerns, issues, and exception request.

COVER PAGE

Requesting a Disability/Medical Exemption or Deferral from COVID-19 Vaccination & Testing Policy

Frequently Asked Questions:

1. What is a Disability or Medical Exemption/Deferral Based on COVID-19?

A Disability or medical exemption refers to an excuse from receiving COVID-19 vaccine due to a medical contraindication or precaution, disability, or medical impairment, disorder or condition. A deferral is refers to an approved deferral of vaccination based on a medical condition or pregnancy-related medical condition, including breastfeeding. Deferral will extend throughout the term of the pregnancy and until twenty-four months after childbirth, as applicable

2. Is my employer/department required to approve my request for the medical exemption/deferral to the Vaccination and Testing Policy?

No. Departments will attempt to accommodation requests for exemption and provide reasonable accommodations by balancing the request to accommodate an employee's disability related needs with the particular needs of the department and work unit. The request must be supported by the Licensed Health Care Provider, and not pose an undue burden and/or present a direct threat to the health and safety of others. Fulton County will make every effort to find reasonable alternative safety measures such as mask wearing, social distancing, etc.

3. What information is required for consideration of a medical exemption/deferral?

Fulton County will require sufficient information and documentation from your Licensed Health Care Provider to confirm that you are unable to participate in the vaccination requirement or testing requirement due to a disability or medical reason.

4. Can my supervisor fire, demote or treat me differently because I requested a medical exemption/deferral?

No. Fulton County prohibits retaliation for any conduct protected by applicable law. Although a request may be denied if it is unreasonable or poses an undue burden and/or presents a direct threat to the health and safety of others, Fulton County will not retaliate against any employee or applicant merely for requesting a medical exemption/deferral and accommodation.

5. How do I submit completed forms to DCRC?

Please submit any completed forms via email to the addresses listed below. If you do not have access to email or are unable to submit completed forms electronically, please call the phone numbers below for assistance on submitting to DCRC for review.

ADA Administrator: sara.dunnaway@fultoncountyga.gov (404) 612-7303

Officer I/ADA: williamo.ligon@fultoncountyga.gov (404) 612-7840



Department of Diversity and Civil Rights Compliance
141 Pryor Street, S.W., 5th Floor, Suite 5042 Atlanta, GA 30303
(404) 612-7305 TTY/Georgia Relay Service Dial 711

Disability or Medical Request for Exception/Deferral from COVID-19 Vaccination & Testing

All Fulton County employees must comply with the COVID-19 vaccination or weekly COVID-19 testing requirement as prescribed by Covid-19 Vaccination and Testing Policy No. 113-21. Employees with a disability, contraindication or other medical condition that affects their eligibility for the COVID-19 vaccine or testing, as verified by their licensed medical provider, may request a medical exemption or deferral.

TO BE COMPLETED BY EMPLOYEE:

Employee Name: _____ Employee ID#: _____

MEDICAL EXEMPTION OR DEFERRAL

Please complete this form to request a medical exemption or deferral. **A licensed health care professional should complete the accompanying certification.** If further clarification is needed, you may need to contact the certifying health care professional to verify or obtain the required additional information.

To continue to protect employees and the community, employees that have approved medical exemptions or deferrals may be subject to alternative safety measures such as mask wearing, social distancing, etc. If reasonable accommodations are necessary beyond the exemption/deferral from the vaccination and/or testing requirement, please contact DCRC to request them separately.

(Please make your selection(s) below)

_____ I require an exemption/deferral from the COVID-19 vaccination requirement

_____ I require an exemption/deferral from the COVID-19 testing requirement

Please provide the name and contact information of your immediate supervisor or manager:

I DO HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT. SHOULD ANY OF THE INFORMATION PROVIDED ON THIS FORM CHANGE, I AGREE TO INFORM THE FULTON COUNTY DEPARTMENT OF DIVERSITY AND CIVIL RIGHTS COMPLIANCE WITHIN FIVE (5) CALENDAR DAYS OF APPLICABLE CHANGE(S).

Employee Signature: _____ Date: _____

Employee Email: _____ Phone: _____

Please submit any completed forms and direct any questions regarding the contents of this form to:

ADA Administrator: sara.dunnaway@fultoncountyga.gov (404) 612-7303

Officer I/ADA: williamo.ligon@fultoncountyga.gov (404) 612-7840



Licensed Health Care Provider Certification for Exception/Deferral from COVID-19 Vaccination & Testing

TO BE COMPLETED BY LICENSED HEALTH CARE PROVIDER:

Employee Name: _____ DOB: _____

The above-named individual has requested to be exempt from Fulton County's COVID-19 Vaccination and Testing policy and procedure. The policy and procedure requires all staff to provide proof of full vaccination against COVID-19 or complete weekly testing for COVID-19.

Is there a medical or disability-related reason why the above-named individual is unable to receive COVID-19 vaccination? Yes No

Certification: I recommend that the above-named individual be granted a medical exemption from Fulton County Government's COVID-19 vaccination requirement for the following reason(s) (check all that apply):

- History or documented test indications of severe allergic reaction to the vaccine or its components (e.g., hives, swelling of lips or tongue, difficulty breathing within 4 hours of vaccination)
- Disability (physical or mental impairment) that does or may interfere with the above-named employee's ability to receive a COVID-19 vaccination
Please identify the disability (attach additional pages as necessary): _____
- Pregnancy related medical condition (employee may defer vaccination during pregnancy and up to 24 months following childbirth)
Please identify the pregnancy related medical condition (attach additional pages as necessary): _____
- Other medical contraindication (please provide detailed information below and attach additional pages as necessary): _____

Is there a medical reason the individual would be unable to complete weekly COVID-19 testing?
 Yes No

I recommend this individual be excused from the weekly testing requirement for the following reason(s) (please provide detailed information below and attach additional pages as necessary):

Expected Duration of Exemption/Deferral from vaccination and/or testing: _____

Licensed Health Care Provider's Signature

Date

Licensed Health Care Provider's Name (print)

Phone

Licensed Health Care Provider's Address

Fax

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Fulton County is an equal opportunity employer encouraging diversity.
If you need reasonable modifications due to a disability, including communications in an alternate format, please contact (404) 612-7305.