

**DEAR PHYSICIAN:**

A request for reasonable accommodation has been made by our employee named below.

Name:

**BACKGROUND**

The individual listed above is an employee of the Olgoonik Family of Companies. Olgoonik is a federal contractor, as such, we are mandated to require COVID-19 vaccination for all of our employees as a condition of employment. The individual named above is seeking a medical exception to the requirement for COVID-19 vaccination or a delay because of a temporary condition or medical circumstance. Please complete this form to assist Olgoonik with its reasonable accommodation process.

Please complete the form below. Should you have any questions, please contact our Human Resources team at 907-562-8728. You can ask to speak with Emily Smith or Joy Chastagner. Thank you!

**QUESTIONS**

The above person should not be immunized for COVID-19 for the following reasons (Please check all that apply):

- History of previous allergic reaction to indicate an immediate hypersensitivity reaction to a component of the vaccine.
- The physical condition of the person or medical circumstances relating to the person are such that immunization is not considered safe. Please indicate specific nature and probably duration of the medical condition or circumstances that contraindicate immunization with the COVID-19 vaccine below.
- Other - Please provide this information in the additional comments below:

Physician Comments:

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

<b>PHYSICIAN NAME</b> <i>(Please print)</i>	<b>PHONE NUMBER</b>
<b>PHYSICIAN SIGNATURE</b>	<b>DATE</b>