Exhibit A

City of Chicago COVID-19 Vaccine Medical Exemption Request
Instructions for Employee & Health Care Provider

Instructions for Employee

To request an exemption from the City of Chicago's Mandatory COVID-19 Vaccination Policy due to a medical inability to receive any of the currently available COVID-19 vaccines, you must complete Section I of this request form and you must have your health care provider complete Section II. Either you or your health care provider must then submit the form to the Disability Officer.

- The completed request form must be provided to the Disability Officer in order to allow the City to evaluate your medical exemption request. Failure to provide a complete and sufficient request form may result in a denial of your exemption request.
- All COVID-19 Vaccine Medical Exemption Requests will be reviewed on a case-by-case basis, taking into account whether the exemption is both medically necessary and can be granted without imposing an undue hardship on the operations of the City of Chicago. An undue hardship may include whether exemption would pose a direct threat to the health and safety of you or other people.
- Requests for exemption and any medical information provided will be kept confidential to the extent possible and shared only with those City of Chicago employees who have a need to know.

Instructions for Health Care Provider

- The City of Chicago requires that all employees receive the COVID-19 vaccination as a condition of employment. However, a medical exemption from COVID-19 vaccination is allowed for certain recognized contraindications.
- Medical contraindications and precautions for immunizations are based on the most recent General Recommendations of the Advisory Committee on Immunization Practices (ACIP)/CDC, available at https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html or https://www.cdc.gov/vaccines/covid-19/index.html Please check the website to ensure that you are reviewing the most recent CDC/ACIP information.
- Please answer fully and completely all applicable parts of Section II the COVID-19 Vaccine Exemption Request Form.
- Do **NOT** provide information about genetic tests, genetic services, or the manifestation of disease or disorder in the patient's family members.
- Please be sure to sign the form and provide all requested contact information. You may return the completed form to the employee or send it directly to the Disability Officer.

Return Certifications to:
City of Chicago Department of Human Resources
vaccineexemptions@cityofchicago.org
Phone: (312) 744-4969 / Fax: (312) 744-9710

SECTION I: Employee Information (Please Print or Type)

Employee Name: _____ **Department:** _____
Job Title: _____ **Manager:** _____
Daytime Phone: _____

I am requesting a medical exemption from the City of Chicago's Mandatory COVID-19 Vaccination Policy. By signing this form, I certify that the information I have provided is true and accurate to the best of my knowledge. I understand that deliberately providing false or misleading information in support of my request for medical exemption from the City of Chicago's Mandatory COVID-19 Vaccination Policy may result in disciplinary action, up to and including termination, under the City's Personnel Rules.

Employee Signature: _____ **Date:** _____

SECTION II: Health Care Provider Information

1. The individual listed above should not be immunized for COVID-19 for the following reasons:

☐ The patient has a documented severe life-threatening allergic reaction (anaphylaxis requiring epinephrine) or immediate systemic allergic reaction (within 4 hours of receipt) to all of the FDA authorized COVID-19 vaccines or a component of each of them. https://www.cdc.gov/vaccines/covid-19/ clinical-considerations/covid-19-vaccines-us.html#Appendix-C

- Please indicate the vaccine type or the component to which the allergy has been documented:

- Please indicate the type of allergic reaction experienced and the date on which it was experienced:

☐ The physical condition of the patient or medical circumstances relating to the individual are such that immunization is not considered safe. Please state, with sufficient detail for

Limit your responses to the condition for which the employee is requesting exemption from the City of Chicago's Mandatory COVID-19 Vaccination Policy. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), genetic services, as defined in 29 C.F.R. § 1635.3(e), or the manifestation of disease or disorder in the employee's family members, 29 C.F.R. §1635.3(b).

independent medical review, the specific nature of the medical condition or circumstances that contraindicate immunization with the COVID-19 vaccine:

2. This contraindication is: ☐ Permanent or ☐ Temporary until _____

3. I certify that the patient listed in Section II above, _____, has the above contraindication and I recommend a medical exemption from the COVID-19 vaccination.

Health Care Provider Name and Credentials (print):	Telephone:
Business Address:	Type of Practice/Specialty:
	License Number:
Signature:	Date:

Return Certifications to:

City of Chicago Department of Human Resources
vaccineexemptions@cityofchicago.org
Phone: (312) 744-4969 / Fax: (312) 744-9710

Limit your responses to the condition for which the employee is requesting exemption from the City of Chicago's Mandatory COVID-19 Vaccination Policy. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), genetic services, as defined in 29 C.F.R. § 1635.3(e), or the manifestation of disease or disorder in the employee's family members, 29 C.F.R. §1635.3(b).