



LONG BEACH COMMUNITY COLLEGE DISTRICT  
**COVID-19 VACCINATION ACCOMMODATION REQUEST**

**Directions:** Fill out all information within this form.

**Employees:** Submit completed forms to COVID HR Help, at: [covid-hrhelp@lbcc.edu](mailto:covid-hrhelp@lbcc.edu). Upon receipt, Human Resources will review your form and contact you.

**Students:** Submit completed forms to [dmiller-calvert@lbcc.edu](mailto:dmiller-calvert@lbcc.edu). Upon receipt, Student Health Services will review your form and contact you.

To consider your request for medical exemption, you must answer all of the following. Medical exemptions will not be granted unless there is a medically verifiable reason preventing you from receiving the COVID-19 vaccination.

The District requires supportive documentation from your medical provider outlining your inability to receive the COVID-19 vaccination for medically valid reasons. Without this documentation, your request for consideration will not be reviewed.

An incomplete form may cause denial of your request.

**I. EMPLOYEE / STUDENT INFORMATION**

Check the applicable box and fill out all relevant information.

<b>Student</b> <input type="checkbox"/>	<b>Address:</b>
<b>Employee</b> <input type="checkbox"/>	<b>Personal Email:</b>
<b>Name:</b>	<b>LBCC Email :</b>
<b>ID#:</b>	<b>Job Title:</b>
<b>Cell Phone:</b>	<b>Supervisor:</b>

**II. GENERAL INFORMATION**

The Long Beach Community College District affords equal educational and employment opportunity for all students and for all qualified employees, applicants, and volunteers and prohibits discrimination against students, employees, applicants, and volunteers based on classifications protected by law, including, but not limited to, religion, creed, and religious belief, practice, or observance. Accordingly, the District provides reasonable accommodations for students, applicants, employees, and volunteers who for medically valid reasons are prevented from receiving the COVID-19 vaccination, unless providing a reasonable accommodation would result in undue hardship on the conduct of the District's operations.

Employees, volunteers, and students may use this form to request a medical accommodation. A request will be reviewed and considered, if there is a medically valid reason preventing you from receiving the COVID-19 vaccine. The District will consider requests for medical exemptions on an individual basis.

**IV. TO BE COMPLETED BY EMPLOYEE / STUDENT**

**Please check and fill out the following:**

Yes     No

I am requesting exemption from the COVID-19 vaccination as a result of medically valid reasons that prevents me from receiving this vaccination.

Yes     No

I scheduled an appointment with my medical provider and reviewed my inability to receive the COVID-19 vaccination with my treating physician as a result of medically valid reasons that prevent me from receiving this vaccination.

Yes     No

The document from my medical provider is attached to this form and is signed and dated by my treating physician.

Yes     No

I provided this form to my treating physician and they filled out their portion of this form.

(1) Please identify and describe the accommodation you are requesting for consideration.

(2) Please provide any additional information that you think may be helpful in processing your medical accommodation request.

**IV. TO BE COMPLETED BY TREATING PHYSICIAN**

**Please check and fill out the following:**

Yes  No

I saw and treated \_\_\_\_\_ on the following date \_\_\_\_\_.

Yes  No

\_\_\_\_\_ has a medically valid reason from preventing them for receiving the COVID-19 vaccination.

Yes  No

Supportive documentation outlining the inability to receive the COVID-19 vaccination for medically valid reasons is attached to this form.

Please indicate the length of time an accommodation will be necessary.

\_\_\_\_\_ is prevented from receiving the COVID-19 until this time:

Indefinitely

End date, please specify the date: \_\_\_\_\_

**IV. EMPLOYEE / STUDENT SUBMISSION AND SIGNATURE**

I understand that in evaluating my request for an accommodation, the District may require me to provide additional supporting documentation and may not grant my request if it creates an undue hardship on the conduct of the District's operations. I understand that the District is relying on the information in this request to manage the health and safety of the District's employees, students and community. If the District determines I have submitted false information I understand that I may be disciplined up to and including termination or expulsion.

By signing and submitting this form, I verify the truth and accuracy of all statements made herein.

Signature

Date Submitted

\_\_\_\_\_

\_\_\_\_\_