

## Medical Accommodation in connection with COVID-19 Testing

For the purposes of Executive Directive #18, employees who have a medical or religious objection to the vaccination need not seek an accommodation. Such employees will be considered “Not Fully Vaccinated” and will be required to participate in weekly COVID-19 testing. When applicable, employees may request a religious or medical accommodation to the COVID-19 testing requirements.

### Employee:

To request a medical accommodation to the COVID-19 testing requirements, please complete, sign and submit this form to the NRCC Human Resource’s Office (HR). Medical accommodations for COVID-19 testing are generally limited and may require interactive discussions with HR and/or medical documentation to support the request.

<b>Employee Name</b> (first, middle initial., last)		
<b>Employee ID Number</b>		
<b>Employee Email Address</b>		
<b>Phone Number</b>		
<b>Provide a brief description of medical condition/disability and requested accommodation:</b>		
<b>Select One:</b>	<input type="checkbox"/> <b>Temporary Condition/Disability</b>	<input type="checkbox"/> <b>Permanent Condition/Disability</b>
<b>If Temporary, Expected Date of Recovery</b>		
<b>NOTE: Extensions will require additional medical documentation</b>		
<b>Medical Practitioner’s Name</b>		
<b>Medical Practitioner’s Address &amp; Phone Number</b>		

Through submission of this form and my signature below I acknowledge:

- Depending upon the nature of my job duties and the impact on peers, customers, patients, residents or others; I may be excluded from participating in on-site work. If my position does not permit telework, I will be required to use my personal leave or leave without pay.
- I must participate in infectious disease prevention and safety measures for my own protection and that of other employees and the communities served by NRCC. Such measures include but are not limited to wearing a face mask, social distancing, hand washing or other safety protocols established in the NRCC Safety policy.
- My failure to follow NRCC’s public health safety measures may result in disciplinary actions.

This information will be reviewed by Human Resources and maintained in a confidential and secured location. Managers/supervisors may receive instructions related to the final determination on a need to know basis.

My signature below certifies this is a truthful and accurate request for a medical accommodation to testing for COVID-19.

<b>EMPLOYEE SIGNATURE (sign in above space)</b>	<b>DATE</b>

### For NRCC HR Use:

<b>HR Reviewer Name and Title</b>	
<b>Date received in HR</b>	
<b>Date(s) of Interactive Discussions</b>	
<b>Date(s) Documentation Received</b>	
<b>Final Determination:</b>	
<b>Date and method used to convey determination in writing to employee such as email receipt, USPS, UPS, etc. and attach to the form.</b>	
<b>Name(s) of Managers/Supervisors Notified:</b>	