



COVID-19 Vaccine Medical Exception Request Form

I am requesting an exception from the COVID-19 vaccination requirement on the basis of a diagnosed physical or mental condition that limits my ability to receive the COVID-19 vaccination, as certified by my medical provider below.

Employee Information

Name _____

Job Title / Classification _____

Bureau _____

Phone Number / Email _____

Supervisor's Name *(optional)* _____

Do you have a City of Portland email address? Yes No

How would you prefer to be contacted? Email Phone

Which days do you normally work? Mon Tues Wed Thurs Fri Sat Sun

The best time of day to contact you is: Mornings Afternoons Anytime

Statement from Medical Provider

Your patient, named above, has requested an exception to the COVID-19 vaccination requirement due to a medical condition. Please provide the requested information below to aid us in our determination of their request.

Please check an option below and complete the related questions:

The patient should not receive the COVID-19 vaccination due to a medical condition.



What is the medical condition that prevents them from receiving the COVID-19 vaccination?

Yes No Is the medical condition permanent?

Yes No Is the medical condition temporary? If yes, what is the expected duration?

Please describe how this medical condition impacts their ability to receive the COVID-19 vaccination.

The patient may not receive a certain type of COVID-19 vaccination. The patient may receive a vaccination manufactured by _____

The patient may receive a COVID-19 vaccination.

I certify the above information to be true and accurate.

Medical Practitioner completing this form:

Name (print)	
Signature	
Date of Signature	
Work Mailing Address	
Work Telephone	

Next Steps

Complete and return this form through email to your Bureau's Human Resources Business Partner (<https://www.portlandoregon.gov/bhr/article/430513>).

- Your HR Business Partner will confirm that they have received your request for a Medical Exception Request.
- You may be asked additional questions about your needs.