

**Request for Accommodation: Medical Exemption**

To request an exemption from required vaccinations, please complete section 1 below and have your medical provider complete section 2 before returning this form to ASBO International.

**Section 1**

Name (print):	Date:
School District:	Title:
Address:	Work/Cell Phone:

I am requesting a medical exemption for ASBO International’s 2021 Annual Conference & Expo vaccination policy for the following vaccination:

COVID-19 Vaccine

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I verify that the information I am submitting to substantiate my request for exemption from ASBO International’s vaccination policy is true and accurate to the best of my knowledge. I understand that any falsified information can lead to membership suspension or termination.

I further understand that ASBO International is not required to provide this exemption accommodation if doing so would pose a direct threat to myself or others or would create an undue hardship for ASBO International.

Signature:	Date:
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**Section 2**

**Medical Certification for Vaccination Exemption**

Name: \_\_\_\_\_

Dear Medical Doctor,

ASBO International requires vaccination against Covid-19 as a condition of attendance to the 2021 Annual Conference & Expo. Pursuant to ASBO policy, an exemption from this requirement may be granted due to a qualifying medical reason or a disability. A disability is intended, consistent with applicable state and federal law, to include a physical or mental impairment that substantially limits one or more major life activities or a record (or past history) of such an impairment. A “medical condition,” for purposes of our policy, may include pregnancy, post-partum medical issues, breastfeeding, allergic reaction, or other medical condition that is a contra-indication to the COVID-19 vaccine which, on the advice of a medical professional, may necessitate deferral of vaccination. General concerns about the vaccination, side effects, general risks associated with the population at large, or other similar issues do

not qualify for an exemption under this policy. The above named person is requesting an exemption and accommodation from ASBO's vaccination requirement for attendance at the conference.

Please complete this form to allow ASBO International to evaluate this request and to assist us with the reasonable accommodation process, associated with this request.

**The person named above should not receive the Covid-19 vaccine for the following qualifying reason(s) (please be specific in your response to enable ASBO International to evaluate the request):**

Please provide any additional information which you believe may be useful in determining an appropriate reasonable accommodation of your patient's disability medical condition which may permit participation in the conference, whether in person or remotely:

I certify the above information to be true and accurate, and request exemption from the Covid-19 vaccination for the above-named individual.

Medical Doctor Name (print):	
Medical Doctor Signature:	Date:
Medical Practice Name & Address:	Phone:

**ASBO INTERNATIONAL USE ONLY**

Date of initial request: \_\_/\_\_/\_\_

Date certification received: \_\_/\_\_/\_\_

Evaluation of requested exemption/accommodation request:

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Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

If the requested accommodation is denied, what are some alternative accommodations (list in order of preference):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Date(s) discussed with member/attendee: \_\_\_\_\_

Final accommodation agreed upon: \_\_\_\_\_

If no agreement on an accommodation or exemption is denied, provide an explanation:

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*\*Please note that if an accommodation is denied, the registration cancellation fee will be waived.*