

Request for Accommodation: Medical Exemption from Vaccination

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 the human resources department.

Section 1

Name (print):	Date:
EssilorLuxottica ID:	Email Address:
Location/Position:	Work/Cell Phone:

I am requesting a medical exemption from my local jurisdiction mandatory COVID-19 vaccination requirement.

I verify that the information I am submitting to substantiate my request for exemption from mandatory local jurisdiction COVID 19 vaccination requirements is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including termination. I further understand that EssilorLuxottica is not required to provide this exemption as an accommodation if doing so would pose a direct threat to myself or others in the workplace or would create an undue hardship for EssilorLuxottica.

Employee Signature:	Date:
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Section 2

Medical Certification for Vaccination Exemption

Employee Name: _____

Dear Medical Provider,

Your local jurisdiction requires vaccination against **COVID-19** as a condition of employment in your current job position at EssilorLuxottica. The individual named above is seeking an exemption to this policy due to medical contraindications.

Please complete this form to assist EssilorLuxottica in the accommodation process.

The person named above should not receive the COVID-19 vaccine due to: (attach additional documents if needed)
This exemption should be: <input type="checkbox"/> Temporary, expiring on: __/__/__, or when _____ <input type="checkbox"/> Permanent

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

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