

COVID-19 Vaccine Related Exemption or Accommodation

SOLAS Application Screenshots


Questionnaire – Religious Exemption

1 What kind of accommodation are you requesting?

- Reasonable Accommodation
- Exemption and Accommodation for COVID Vaccine-Related Reasons - Religious or Medical (including no immunity from vaccine)

2 What is the reason for your vaccine related accommodation request?

- Religious Exemption to the Vaccine Mandate
- Medical Exemption to the Vaccine Mandate
- Medical accommodation – Limited to employees who are vaccinated but unable to mount an immune response to COVID-19 due to preexisting immune conditions

 Employee must include documentation such as a letter from the employee and/or religious official supporting the application for an exemption to the COVID-19 vaccine mandate based on sincerely held religious beliefs.

OK

3 Is your usual place of work in a school?

- Yes
- No

Questionnaire – Medical Exemption

1 What kind of accommodation are you requesting?

- Reasonable Accommodation
- Exemption and Accommodation for COVID Vaccine-Related Reasons - Religious or Medical (including no immunity from vaccine)

2 What is the reason for your vaccine related accommodation request?

- Religious Exemption to the Vaccine Mandate
- Medical Exemption to the Vaccine Mandate
- Medical accommodation – Limited to employees who are vaccinated but unable to mount an immune response to COVID-19 due to preexisting immune conditions



All applications will require recent (e.g. within 30 days of the application) supporting medical documentation as to why the employee cannot be vaccinated if requesting an exemption to the vaccine mandate or if vaccinated already, why the employee has not been able to mount an immune response to COVID-19. Medical documentation should provide the necessary explanation of the medical issue and be signed by a medical provider. It should also identify the specific accommodation needed and the duration of the request.

OK

Questionnaire – Medical Exemption (contd)

3 What is the medical reason for the requested exemption to the COVID-19 vaccine mandate?

- Contraindication (e.g. allergy) to all of the U.S.-authorized COVID -19 vaccines (Pfizer, Moderna, Johnson and Johnson)
- Still within the isolation period after a COVID-19 infection
- Still within 90 days of monoclonal antibody treatment of COVID-19
- Other conditions such as those delineated in CDC clinical considerations that warrant temporary medical exemption for some period of time because of active therapy or treatment (e.g., stem cell transplant, CAR T-cell therapy)
- Pericarditis or myocarditis
- Other

(Max length 1000 characters.)

Continue

4 Is your usual place of work in a school?

- Yes
- No

Questionnaire – Medical Accommodation

● 1 What kind of accommodation are you requesting?

Reasonable Accommodation

Exemption and Accommodation for COVID Vaccine-Related Reasons - Religious or Medical (including no immunity from vaccine)

2 What is the reason for your vaccine related accommodation request?

Religious Exemption to the Vaccine Mandate

Medical Exemption to the Vaccine Mandate

Medical accommodation – Limited to employees who are vaccinated but unable to mount an immune response to COVID-19 due to preexisting immune conditions



All applications will require recent (e.g. within 30 days of the application) supporting medical documentation as to why the employee cannot be vaccinated if requesting an exemption to the vaccine mandate or if vaccinated already, why the employee has not been able to mount an immune response to COVID-19. Medical documentation should provide the necessary explanation of the medical issue and be signed by a medical provider. It should also identify the specific accommodation needed and the duration of the request.

OK

Questionnaire – Medical Accommodation (contd)

3 What is the pre-existing medical condition causing you to be unable to mount an immune response to COVID-19, despite being vaccinated? (Provide a brief description here; medical documentation is required).

Description of pre-existing condition

Continue

4 What is your accommodation request related to this condition?

Description of accommodation request

Continue

5 Until what date do you anticipate needing an accommodation?

11/30/2021



6 Is your usual place of work in a school?

Yes

No

Guidelines

Guidelines:

This COVID-19 Vaccine Related Exemption and Accommodation application is for a) religious and medical exemption requests to the mandatory vaccination policy, and (b) medical accommodation requests where an employee is unable to mount an immune response to COVID-19 due to preexisting immune conditions.

All applications that require supporting documentation must include the documentation at the time of application.

Information regarding an individual's disability will be kept confidential to the extent required by law.

Applications including supporting documentation will be reviewed by appropriate staff including as necessary by a physician in the Medical, Leaves and Records Department (Medical).

NOTIFICATION OF A DETERMINATION

The determination of eligibility for an exemption or accommodation will be emailed to the employee's DOE email address.

GENERAL INFORMATION

Questions about the accommodation process may be directed to ODA at ODA@schools.nyc.org. Additional information about DOE's equal opportunity policy, including procedures for filing discrimination complaints, can be found in Chancellor's Regulation A-830.

Supporting Documentation

- Religious Exemption

Checklist				
Tasks	Responsibility	Status	Date Completed	More Information
Self Service Online Leave Application (In Progress now)	Applicant	In Progress		
Document(s) explaining exemption request such as from the employee and/or from a religious official [Required]	Applicant	Not Received		

[Upload File\(s\)...](#)
Click **Upload File(s)** to upload supporting documents.

Employee must include documentation such as a letter from the employee and/or religious official supporting the application for an exemption to the COVID-19 vaccine mandate based on sincerely held religious beliefs.

- Medical Exemption





Checklist				
Tasks	Responsibility	Status	Date Completed	More Information
Self Service Online Leave Application (In Progress now)	Applicant	In Progress		
Documentation from a medical professional [Required]	Applicant	Not Received		

[Upload File\(s\)...](#)
Click **Upload File(s)** to upload supporting documents.

All applications will require recent (e.g. within 30 days of the application) supporting medical documentation as to why the employee cannot be vaccinated and how long the medical condition would preclude vaccination, if temporary. Documentation should be signed by a medical provider and provide the necessary medical explanation and detail to support the request.

Supporting Documentation (contd)

- Medical Accommodation

Checklist				
Tasks	Responsibility	Status	Date Completed	More Information
 Self Service Online Leave Application (In Progress now)	Applicant	In Progress		
 Documentation from a medical professional [Required]	Applicant	Not Received		

Click **Upload File(s)** to upload supporting documents.

Upload File(s)...

All applications will require recent (e.g. within 30 days of the application) supporting medical documentation as to why the employee who, despite being vaccinated, is unable to mount an immune response to COVID-19 due to preexisting immune conditions. Documentation should be signed by a medical provider and provide the necessary medical explanation and detail to support the request.

E-Signature

Request Type: COVID-19 Vaccine Related Exemption or Accommodation

Electronic Confirmation and Application Submission

I understand that, by making this request, I am authorizing DOE personnel to discuss information regarding my request with my supervisor(s) and other DOE employees for the purpose of assessing whether my request is reasonable and does not impose an undue hardship on the DOE and/or the City of New York. I understand that all information regarding my request, including medical documentation and the reason(s) for granting or denying exemptions or accommodations, will be kept confidential I further understand that my accommodation can be reviewed, revised, or revoked at any time by the DOE, and that I also may ask for a review or revocation of my accommodation at any time.

By checking this box, I agree that it is my intent to sign and electronically submit this document to the NYC Department of Education. I understand that by signing and submitting this document, I am affirming to the truth of the information contained therein and such a signature is the legal equivalent of having placed my handwritten signature on the document. I hereby certify that the above is accurate.

Today's Date 09-14-2021