



VACCINE PROCLAMATION MEDICAL QUESTIONNAIRE

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. “Genetic information,” as defined by GINA, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. 29 CFR § 1635.8(b)(1)(i)(B).

Healthcare Provider: _____

ADDRESS: _____

Name of Patient: _____

Dear Healthcare Provider:

The named patient is employed with Edmonds College and has disclosed they have a medical condition or disability which may prevent them from receiving an authorized COVID-19 vaccine.

We are requesting you complete the following form to help us to understand whether the employee has a medical condition or disability which prevents them from receiving an authorized COVID-19 vaccine. I have also enclosed a “Waiver and Authorization To Release Information” form signed by the employee.

1. Are you licensed to practice in the state of Washington?
2. What is your area of practice and/or medical expertise?



3. Does the employee have a medical condition or disability that may prevent them from receiving an authorized COVID-19 vaccine?

YES NO

4. What is the anticipated duration of the medical condition or disability which prevents the employee from receiving an authorized COVID-19 vaccination?

5. In your medical opinion, would a leave of absence be effective in allowing the employee time to receive an authorized COVID-19 vaccine so they may return to the full duties of their position at the conclusion of the leave?

YES NO

6. In your medical opinion, if a leave of absence is indicated, what is the anticipated duration of leave required that would permit the employee to be able to receive an authorized COVID-19 vaccine?

I declare that, in my professional opinion, the above responses are true and accurate, to the best of my knowledge and ability.

Signature

Date

If you have any questions, please do not hesitate to contact Casey King at 425-640-1246 or casey.king@email.edcc.edu. Please do not send or include any sensitive medical information if you contact us by email. We can discuss your questions and the method by which you can send your medical information to us, over the phone.