FORM F-8 **Template 8** · How to use

Template 8: Medical Accommodation Request (Employer or College)

For requesting a medical accommodation from a vaccine requirement at an employer or a college. A provider's documentation is normally required.

Notes

- The ADA and Section 504 require reasonable modification for a documented medical condition. They do not create a stand-alone right to skip a requirement.
- Submit the medical information to the office designated to receive it (often HR or an accommodations office), not to your supervisor.

Next: the fill-in sheet (Form F-8) and then the letter follow on the next pages.

BEFORE YOU FILE

Check your state first. Confirm the current form, deadline and filing office with your state or county health department before filing.

In most states this template accompanies an official form and does not replace it. Use your state's current official form wherever one exists, and do not alter it.

Fill in the sheet, print the letter, sign it in ink, keep a copy, and ask for written confirmation that it was received.

FORM F-8 Template 8 · Fill-in sheet

Your answers appear in the letter on the next page automatically.

Complete the fields, then print, sign and file the letter with the documents your state requires.

Fields

Your Name	
Address	
City, State, ZIP Code	
Email Address	
Phone Number	
Date	
Employer or college office	
Vaccine	
Name or Title	
My employment / my enrollment	
Legal basis (for example, the ADA or Section 504)	
Provider's Name	
Provider's determination (contraindicated or not recommended)	
Alternative measures you propose	

Signature: Date:

FORM F-8 **Template 8 · Letter**

To:

Subject: Request for Medical Accommodation from Requirement

Dear ,

I am writing to request a medical accommodation from the requirement that applies to . I make this request under .

My licensed health care provider, , has determined that is for me because of a documented medical condition. The provider's letter is attached.

I am willing to discuss reasonable alternatives, such as .

Please confirm receipt and tell me the next steps and the decision timeline. I can be reached at or .

Sincerely,

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