

WASHINGTON STATE BAR ASSOCIATION

MEDICAL EXEMPTION - Vaccinations

To request an exemption from required vaccinations, please complete Section 1 below and have your medical provider complete Section 2 before returning this form following the instructions online [here](#).

Section 1 – To be completed by the WSBA Volunteer:

Name (print):
Bar Number:
Email:

I am requesting a medical exemption from WSBA's mandatory vaccination policy for the COVID-19 vaccine.

I verify that the information I am submitting to substantiate my request for exemption from WSBA's vaccination policy is true and accurate to the best of my knowledge. I understand that WSBA 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 WSBA.

Signature:	Date:
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Section 2 - Medical Certification for Vaccination Exemption

Volunteer Name:

Dear Medical Provider,

WSBA requires vaccination against COVID-19 of all its volunteers attending in-person meetings and/or events. The individual named above is seeking an exemption to this policy due to medical contraindications.

Please complete this form to assist WSBA in the reasonable accommodation process.

The person named above should not receive the COVID-19 vaccine due to:

This exemption should be:

- Temporary, expiring on: __/__/____, or when _____.
- 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: