



**Mandatory COVID-19 Vaccine  
DISABILITY/MEDICAL ACCOMMODATION REQUEST FORM**

Volunteer First and Last Name:	
Volunteer Site (School or other MPS Site)	
Phone:	Email:

On September 9, 2021, the Milwaukee Board of School Directors voted unanimously to implement a COVID-19 vaccination requirement for volunteers. Accommodations will be considered for disability/medical reasons.

**Questions (must be completed by physician/healthcare provider; us continuation page as needed)**

- Milwaukee Public Schools (MPS) is mandating the COVID-19 vaccine for its volunteers. Does this employee have a medical condition that renders the volunteer medically unsuitable or unable to take the vaccine?  
 Yes    No

If yes, please provide the information requested below. If no, skip the remaining questions and move to the signature section.

- What is the volunteer's diagnosis?

- Provide a clear, detailed statement explaining why the volunteer should not take the COVID-19 vaccine. The statement should give medical evidence that substantiates your opinion.

- Please estimate the date when you believe the volunteer will be able to take the COVID-19 vaccine.

---Continue on other side. ---

5. Other Comments

--

Physician/Healthcare Provider (PRINT):	
Address:	
Phone:	Specialty:
Physician/Healthcare Provider Signature:	Date:

<b>TO SUBMIT</b>	Volunteer must submit this form electronically through the MPS Volunteer COVID-19 Vaccination Form by going to <a href="https://biy.ly/mpscovid19volunteervaccinationform">https://biy.ly/mpscovid19volunteervaccinationform</a> .
<b>DEADLINE</b>	Volunteer must have an approved accommodation by <b>November 1, 2021</b> . Allow-5-7 business days for approval. Please note that if additional information or documentation is needed, the approval process may be delayed.

MPS is not responsible for any financial charge associated with completing this form; the volunteer is responsible for obtaining the information.

*Submit any questions to [volunteer@milwaukee.k12.wi.us](mailto:volunteer@milwaukee.k12.wi.us).*

**Note:** The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by law. 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'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.