



WE ARE PUBLIC SAFETY!

MEDICAL AND/OR RELIGIOUS EXEMPTION

REQUEST FORM

COVID-19 VACCINATION AND PROTOCOL

The Maryland Department of Public Safety and Correctional Services (DPSCS) requires all employees to comply with mandatory COVID-19-related requirements and protocol. This may include, but is not limited to:

- Vaccination
- Boosters
- Testing requirements
- Masks
- Personal Protective Equipment (PPE)
- Reporting requirements
- Quarantine guidelines
- All other necessary measures

The aforementioned mandates are implemented for critical health, and safety concerns, as well as the operations of a public safety agency, its employees and the individuals it services.

DPSCS recognizes the right of employees to request a religious and/or medical exemption to COVID-19 related requirements/protocol. Furthermore, Federal law may entitle an employee, to request an exemption from these requirements, and consider alternate health and safety protocols.

DPSCS has instituted practices to received, evaluate and make a determination on COVID-19 related exemption requests. Employees, who may be eligible for an exemption, must first formally request an exemption of **Maryland COVID-19 vaccination requirement** from the Department of Public Safety and Correctional Services by completion of this form.

Employee should complete:

Section I **AND**

Section II (for a medical exemption)

OR

Section III (for a religious exemption (related to a bona fide religious belief or practice))

Note: Section II **requires** the certification of a medical provider.

Return this form to the Office of Equal Employment of Opportunity:

- publicsafety.oeo@maryland.gov
- Via interoffice mail.

SECTION I

Employee Name (print)	Date:
	Time:
W#:	Dept.:
	Position:
Reason: <input type="radio"/> Medical – complete Section II <input type="radio"/> Religious- complete Section III	Work Phone: Personal Phone:

SECTION II

Medical Exemption from COVID-19 Vaccination

Section II a

_____ I am requesting a medical exemption from the DPSCS of Maryland, to comply with mandatory COVID-19-related requirements and protocol. It may include, but is not limited to, vaccination, boosters, testing requirements, mask, personal protective equipment, reporting requirements, quarantine and other measures. By my signature, I certify the information I am submitting regarding this request for COVID19-related exemption is true and accurate to the best of my knowledge.

Employee Signature:	Date:
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Section II b

Please identify which particular requirement/mandate for which you have requested an exemption:

SECTION II c

Medical Certification for Vaccination Exemption

Employee Name: _____

Dear Medical Provider,

The Department of Public Safety and Correctional Services (DPSCS) requires vaccination against COVID-19 in order to protect and keep the community safe. The individual above is seeking an exemption to this policy due to medical contraindications [a reason for a person not to receive a particular treatment or procedure, you are encouraged to consult with your medical provider.

Please complete this form to assist DPSCS in the process. I certify that the individual has a medical condition that is contra-indicated by the COVID-19 vaccination.

Medical Provider Name (print):	
Medical Provider Signature	Date:
Practice Name and Address:	Provider Phone:

SECTION III

Religious Certification for Vaccination Exemption

_____ I am requesting a religious exemption from the DPSCS’s mandatory COVID-19-related requirements and protocol. It may include, but is not limited to, vaccination, boosters, testing requirements, mask, personal protective equipment, reporting requirements, quarantine and other measures. requirement to be vaccinated against COVID-19.

By my signature, I certify that information I am submitting to regarding this request for a COVID-19 related exemption is true and accurate to the best of my knowledge.

Describe the religious belief/practice:

Please identify the DPSCS requirement, policy, or practice that conflicts with your sincerely held religious observance, practice, and/or belief .
(hereinafter referred to as 'religious belief(s)')

Please describe the nature of your religious belief(s) that conflict with the DPSCS requirement, policy, or practice identified above.

What is the specific accommodation and/or modification that you are requesting at this time?

Please list any alternative accommodation that also would eliminate the conflict between the DPSCS requirement, policy, or practice and your sincerely held religious belief(s).

I certify that my religious belief/practice, which result in this request for a religious exemption, are sincerely held.

Employee Signature:

Date:

SECTION IV OEEU USE ONLY

ACCOMMODATION DECISION

Case No: _____

Date of request: _____ Date certification received _____

Approved as requested: _____

Date: _____

Approved but different from the original request: _____

Date: _____

Denied. Request not granted: _____

Date: _____

Identify the accommodation provided:

If the approved accommodation is different from the one originally requested, explain the basis for denying the original request:

If an alternative accommodation was offered, indicate whether it was:

- ACCEPTED
- REJECTED

If it was rejected, state the basis for rejection:

If the accommodation is not granted and no alternative accommodation was proposed, explain the basis for denying the request without an alternative accommodation:

****An individual who disagrees with the resolution of the request may ask the Executive Director to reconsider that decision within 10 business days of receiving this completed form with the deciding official's decision. Note that requesting reconsideration does not extend the time limits for initiating administrative, statutory, or collective bargaining claims.***