

Request for Accommodation: Medical Condition or Disability Exemption from Vaccination

To request an exemption from NMHC's requirement for vaccination against COVID-19 at the 2021 OPTECH Conference and Exposition, please complete Section 1 below and have your medical provider complete Section 2 before returning this form to AccommodationRequest@nmhc.org by October 29, 2021.

Section 1		
Name:		
Title:		
Company Name:		
Date:		
Email Address:	Phone Number:	
I am requesting an exemption from NMHC's mandatory COVID- disability under the Americans with Disabilities Act. I attest that exemption is true and accurate to the best of my knowledge.		. , ,
Signature:		
Date:		

Medical Certification for Vaccination Exemption Name: Dear Medical Provider, The National Multifamily Housing Council (NMHC) requires vaccination against COVID-19 to attend the 2021 NMHC OPTECH Conference and Exposition. The individual named above is seeking an exemption to this policy on the basis of a qualifying medical condition or disability under the Americans with Disabilities Act. Please complete this form to assist NMHC in the 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 Provider Signature: Date: ___ Practice Name & Address: Provider Phone: _____ NMHC USE ONLY Date of initial request: / / Date certification received: / / / Accommodation request: Approved: __/__/___ Describe specific accommodation details: Denied: __/__/___ Describe why accommodation is denied:

Section 2

APARTMENT LEADERSHIP RESIDES HERE