COVID-19 Vaccination Accommodation Request Form

If you are requesting an exception to the Company's mandatory vaccination policy due to your (1) disability or medical condition, or (2) sincerely held religious belief, practice or observance, please complete this form and submit it to **DPEP.Restrictions.Accommodation.Team@disney.com**.

1. If you are unable to receive a COVID-19 vaccination due to a disability or medical condition:

   a. Please explain the nature of the limitations resulting from your disability or medical condition and how they prevent you from receiving a COVID-19 vaccination. (Please do not disclose the underlying condition or any genetic information.)

   b. Is your limitation that prevents you from receiving the COVID-19 vaccination permanent or temporary? If temporary, when will you be able to receive the COVID-19 vaccination?

   _____

   c. Please attach documentation from your medical provider confirming the existence of a disability or medical condition, the duration and resulting limitations, and providing information about how those limitations prevent you from receiving the COVID-19 vaccination. (Please do not disclose the underlying condition or any genetic information.)

      The Company may ask to discuss your request with your doctor if the documentation provided is not sufficient to evaluate your accommodation request.

2. If you are unable to receive a COVID-19 vaccination due to a sincerely held religious belief, practice or observance, please explain the nature of your religious belief, practice or observance and how it prevents you from receiving a COVID-19 vaccination.

   If necessary to evaluate your accommodation request, the Company may ask to discuss the nature of your religious belief, practice or observance and accommodation request with your religion's spiritual leader (if applicable) or another third party who is aware of your religious belief, practice, or observance.

Verification:

I verify that the above information is true and accurate and I understand that any misrepresentation may result in disciplinary action, including termination of employment and/or withdrawal of my offer of employment.

Name:_____ Date:_____

Signature:_____ Personnel Number (PERNR) or Candidate Number:_____

Contact Phone: _____ Arrival Date:_____

Contact Email:_____ Work Location (If Known):_____