

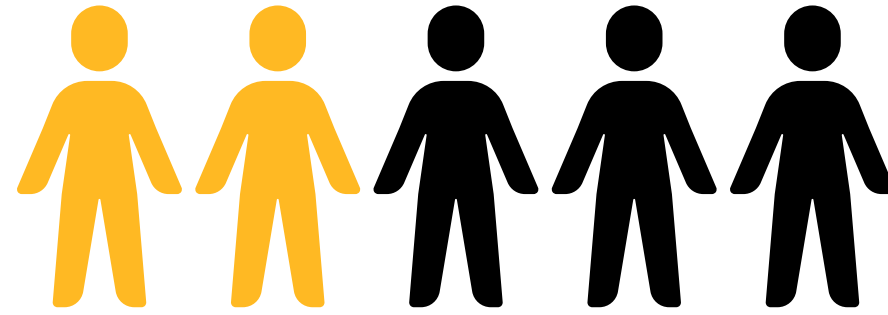


L.A. County Workforce Vaccination Mandate



October 2021

Registration



All employees, whether they are vaccinated, semi-vaccinated, or intend to request an exemption, need to register in the Fulgent system:

[https:// lac.fulgentgenetics.com/](https://lac.fulgentgenetics.com/)

Quick Page Links

[Exemption
Forms](#)

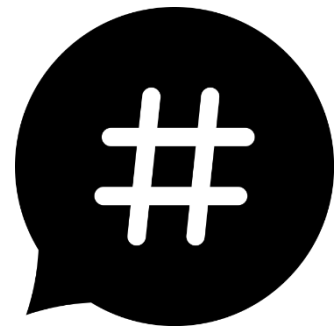
[Tracking
Forms](#)

[IPM](#)

[Resources](#)

Vaccination Verification

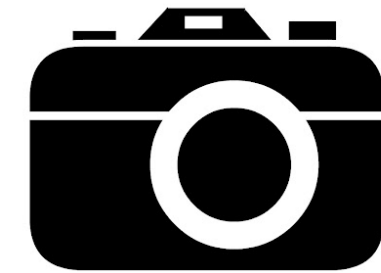
Employees will need:



Their employee number



**A California Department
of Public Health (CDPH)
digital Vaccine card QR
code, or**



**A digital photo of your
hard copy vaccination
card**

To obtain your CDPH digital vaccine card, please visit: <https://myvaccinerecord.cdph.ca.gov/>

Requesting an Exemption

- Employees may request an [exemption](#) from the Policy's vaccination requirement due to the following reasons:
 - ✓ A [medical condition](#) that does not allow an individual to get vaccinated against COVID-19; or
 - ✓ A sincerely held [religious belief](#), practice, or observance that conflicts with an individual's ability to receive a COVID-19 vaccine.
- During the determination process of the vaccine exemption, employees are mandated to adhere to weekly testing.

Vaccine Exemption Forms



COUNTY OF LOS ANGELES
MEDICAL/DISABILITY ACCOMMODATION REQUEST FORM
For Exemption From COVID-19 Vaccination Policy

EMPLOYEE NAME	EMPLOYEE ID
JOB TITLE	LOCATION
DEPARTMENT	SUPERVISOR
PHONE NUMBER	EMAIL

I am requesting, as a reasonable accommodation, an exemption from the County of Los Angeles COVID-19 Vaccination Policy because I have a medical condition, contraindication, or precaution that prevents me from receiving a COVID-19 vaccine.

I understand that, as part of this request, I must submit a completed **Healthcare Provider Statement** from my licensed healthcare provider within ten (10) business days of the date of this request, and that the **Healthcare Provider Statement** must be signed by a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician.

I understand that in the event I cannot submit a completed **Healthcare Provider Statement** within ten (10) business days, I may request an extension in writing from my Departmental HR Manager or their designee.

Please provide any additional information that you think may be helpful in processing your request.

Do not identify your diagnosis, disability, or other protected health information.

EMPLOYEE ACKNOWLEDGEMENT

While my request is pending, I understand that I must comply with the safety practices (e.g., face coverings, regular asymptomatic testing) for unvaccinated or incompletely vaccinated individuals as a condition of my employment. These required safety practices are defined by the Centers for Disease Control and Prevention, the California Department of Public Health, California Department of Industrial Relations, Division of Occupational Safety and Health and Los Angeles County Department of Public Health. I also understand that I must comply with any additional safety practices applicable to my circumstances or position.

Medical



COUNTY OF LOS ANGELES
HEALTHCARE PROVIDER STATEMENT
For Exemption from SARS-CoV-2 (COVID-19) Vaccination Policy

SECTION A: To be completed by Employee

EMPLOYEE NAME	EMPLOYEE ID
JOB TITLE	DEPARTMENT

SECTION B: To be completed by the Healthcare Provider

I have reviewed the **Instructions to this Healthcare Provider Statement** for the above-named patient and can provide the following certification:

(Check boxes and insert text as appropriate)

1. Is your patient medically restricted from receiving the COVID-19 vaccine?

☐ **NO**, my patient is not medically restricted from receiving the COVID-19 vaccine. (Please skip to the end of this questionnaire and sign and date.)

☐ **YES**, my patient is medically restricted from receiving the COVID-19 vaccine. Please explain:

a. What is the duration of the restriction from receiving a COVID-19 vaccine?

☐ **PERMANENT**, it is not medically expected that my patient will ever be able to receive a COVID-19 vaccine.

☐ **TEMPORARY**, it is anticipated that my patient will be cleared to receive a COVID-19 vaccine on or about _____ (date).

☐ **UNKNOWN**. I am unable to comment on my patient's ability to receive a COVID-19 vaccine in the future.

HEALTH CARE PROVIDER NAME	HEALTH CARE PROVIDER PHONE/EMAIL
LICENSE TYPE, # AND ISSUING STATE	PHYSICIAN SUPERVISOR NAME AND LICENSE # (FOR A PHYSICIAN ASSISTANT WORKING UNDER A PHYSICIAN'S LICENSE)
HEALTHCARE PROVIDER SIGNATURE & DATE	

FOR DEPARTMENT USE ONLY: FORM RECEIVED ON _____, BY _____

Healthcare
Provider Statement



COUNTY OF LOS ANGELES
RELIGIOUS ACCOMMODATION REQUEST FORM
For Exemption from COVID-19 Vaccination Policy

EMPLOYEE NAME	EMPLOYEE ID
JOB TITLE	LOCATION
DEPARTMENT	SUPERVISOR
PHONE NUMBER	EMAIL

I am requesting, as a reasonable accommodation, an exemption from the County of Los Angeles COVID-19 vaccination policy for County employees based on my sincerely held religious belief(s), practice(s), or observance(s).

Please **identify** your sincerely held religious belief(s), practice(s), or observance(s) that is/are the basis for your request for an exemption as a religious accommodation. *You may attach additional sheets if necessary.*

A sincerely held religious belief, practice, or observance is a belief, practice, or observance that can include theistic beliefs as well as non-theistic moral or ethical beliefs as to what is right and wrong which are sincerely held with the strength of traditional religious views. Social, political, or economic philosophies, as well as mere personal preferences, are not religious beliefs protected by law. However, overlap between a religious and political view does not necessarily place it outside the scope of religious protections, as long as that view is part of a comprehensive religious belief system and is not simply an isolated teaching.

Religious

Vaccine Exemption LASD Procedures

Employee completes and submits Accommodation Request Form to Return to Work (RTW) Coordinator/designee.

- Coordinator acknowledges receipt of request within **3 business days**
- Acknowledgement Receipt may be emailed to the employee

The form is titled "COVID-19 VACCINE EXEMPTION ACKNOWLEDGMENT RECEIPT" and is from the "Los Angeles County Sheriff's Department PERSONNEL ADMINISTRATION BUREAU". It contains instructions for requesting a medical exemption and a checklist for acknowledgment. The form includes fields for Employee Name, Employee Number, Division/UA, Received By (with a print name instruction), Date Received, and a signature line.

Los Angeles County
Sheriff's Department

PERSONNEL ADMINISTRATION BUREAU

COVID-19 VACCINE EXEMPTION ACKNOWLEDGMENT RECEIPT

To request a medical exemption, you must submit the **Healthcare Provider Certification** form within 10 business days of requesting the exemption.

During the determination process of the vaccine exemption, employees are mandated to adhere to weekly testing.

Testing locations can be found at
https://lac.fulgentgenetics.com/residence_appointment/info/locations

☐ **MEDICAL** Exemption Request

☐ The Healthcare Provider Certification is included

☐ The Healthcare Provider Certification will be submitted within 10 business days of this request

☐ **RELIGIOUS** Exemption Request

Employee Name: Employee Number:

Division/UA:

Received By: Date Received:
(Print Name)

Signature: _____

Vaccine Exemption LASD Procedures (cont.)

- 1 RTW Coordinator and/or designee reviews and forwards to Unit Commander.
- 2 Contents noted by Unit Commander.

Los Angeles County Sheriff's Department PERSONNEL ADMINISTRATION BUREAU

COVID-19 VACCINE EXEMPTION TRACKING FORM

During the determination process of the vaccine exemption, employees are mandated to adhere to weekly testing.

☐ MEDICAL Exemption Request

☐ The Healthcare Provider Certification is included

☐ The Healthcare Provider Certification will be submitted within 10 business days of this request

☐ RELIGIOUS Exemption Request

Employee Name: _____ Employee Number: _____

Division/UOA: _____

STEP 1 Return to work coordinator: (Please provide Acknowledgment Receipt to employee)

Received By (Print Name): _____

Signature: _____

Date Received: _____

Please forward to your Unit Commander once all forms are submitted and complete.

Date forwarded: _____

STEP 2 Unit Commander: (Please review)

Unit Commander (Print Name): _____

Signature: _____

Date: _____

Please forward to the Division Chief. Date forwarded: _____

10/4/21 Page 1 of 2

Vaccine Exemption LASD Procedures (cont.)

3

LASD review and recommendation by Division Chief (approved/denied).

- Electronic copy to vaccineexemptions@lasd.org
- Original form to Personnel Administration Bureau (PAB):

Attn: Covid-19 Vaccination Exemption Request Form
Personnel Administration Bureau
211 W. Temple St., 4th Floor
Los Angeles, CA 90012

The form is titled "Los Angeles County Sheriff's Department PERSONNEL ADMINISTRATION BUREAU". It is labeled "STEP 3 Division Chief: (Please review the attached documents and provide your recommendation for approval or denial)".

Division Chief (Print Name): _____ Signature: _____

Recommended: ☐ Approved ☐ Denied Date: _____

Please explain reason for denial: _____

Please forward the electronic copy to vaccineexemptions@lasd.org and original to Personnel Administration Bureau (PAB):

Attn: Covid-19 Vaccination Exemption Request Form
Personnel Administration Bureau
211 West Temple Street (4th Floor)
Los Angeles, California 90012 Date forwarded: _____

Personnel Administration Bureau Use Only:

Date received: _____ Print name: _____

Signature: _____

Dated forwarded to Exemption Review Team (ERT): _____

Exemption Review Team (ERT) Response:

☐ Approved (employees are mandated to adhere to weekly testing)
☐ Denied

Date Received from ERT: _____

Date Forwarded to Division: _____

If the exemption has been denied or further information is requested, an Interactive Process Meeting is required.

Page 2 of 2

Final Disposition from Exemption Review Team (ERT)

- ERT will send final decision to PAB
- PAB will forward final decision to Division
- Unit Of Assignment (UOA) will conduct Interactive Process Meeting (IPM) with employee
- The original IPM form will be saved in the employee's unit medical file and a copy will be emailed to VaccineVentiv@lasd.org

Los Angeles County Sheriff's Department		PERSONNEL ADMINISTRATION BUREAU INJURY AND HEALTH SUPPORT UNIT	
VACCINATION MANDATE EXEMPTION INTERACTIVE PROCESS MEETING			
Date/Time:			
Name of Employee:			
Employee Number:			
Job Title:			
DIV/UOA:			
REQUESTING:			
☐ Medical Exemption Request ☐ Religious Exemption Request			
LASD Recommendation:	☐ Approved ☐ Denied		
Reason for Denial:			
DHR Decision:	☐ Approved ☐ Denied		
Reason for Denial:			
To submit a request for reconsideration, you must submit a completed <i>Request for Reconsideration</i> form to reconsideration@hr.lacounty.gov within 10 business days from this Interactive Process Meeting.			
If your request for accommodation is approved, you will be required to follow the safety protocols as indicated by the California Department of Public Health, the Centers for Disease Control and Prevention (CDC), and the County's Department of Public Health. These may include but are not limited to:			
• Wearing a mask at all times while working at a County site or facility; • Participating in daily COVID-19 system screening; • Observing social distancing requirements; and, • Engaging in recurring regular COVID-19 testing			
SIGNATURES:			
Employee:		Date:	
Unit RTW Coordinator:		Date:	
Other:		Date:	
SUBMIT FORM TO:			
Personnel Administration/IHSU 211 W. Temple Street, 4 th Floor Los Angeles, CA 90012			
ENTERED IN VENTIV/AMS:			
Processed by:		Date:	

Vaccination-Mandate-IPM-10/05/21

Reconsideration of Denials

If denied, employees may seek reconsideration of denial from the Department of Human Resources (DHR)

- Must be done within 10 business days after denial
- Submitted to reconsideration@hr.lacounty.gov



COUNTY OF LOS ANGELES
REQUEST FOR RECONSIDERATION FOLLOWING
DEPARTMENT DENIAL OF EXEMPTION
TO COVID-19 VACCINATION POLICY

FROM:	EMPLOYEE	EMPLOYEE ID
	EMPLOYEE EMAIL	DEPARTMENT

Your request for reconsideration must be received by the Los Angeles County Department of Human Resources (DHR) within ten (10) business days after receiving a **Denial of Exemption** notice from your department. If you need additional time to submit your request, you may request an extension in writing to DHR. Requests for reconsideration, or requests for extensions must be submitted to reconsideration@hr.lacounty.gov or can be sent to:

Los Angeles County Department of Human Resources
Attention: Reconsiderations
510 South Vermont Avenue, 12th Floor
Los Angeles, CA 90020

Your request for reconsideration will be reviewed within thirty (30) business days of receipt; in addition, your department will be notified of your request for reconsideration. You and your department will be advised of the final determination in writing.

Please provide any additional information which should be taken into consideration. You may attach additional sheets/documentation as necessary.

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Testing Information

- Employees who are unvaccinated or semi-vaccinated need to test weekly
- Depending on test type, test results will be available within 1-2 days
- Supervisors will need to check the Fulgent Dashboard to see whether employees are “cleared” or “not cleared” for work, based on test results

Testing Locations

For testing appointments and locations, click [here](#).

CURRENT FULGENT TESTING SITES

[Santa Fe Springs](#)

Emergency Medical Services
10100 Pioneer Blvd., Ste 200
Santa Fe Springs, CA 90670
Hours: Tues: 11 a.m. – 12 p.m.

[Castaic](#)

Pitchess Detention Center (Visitor) – Mobile
29320 The Old Rd
Castaic, CA 91384
Hours: Mon: 6 a.m. – 10 a.m.

[Downey](#)

Rancho Los Amigos
7601 Imperial Highway
Downey, CA 90242
Hours: Mon, Wed, Fri: 6 a.m. – 10 a.m. and 2 p.m. – 6 p.m.

[El Monte](#)

El Monte Comprehensive Health Center – Mobile
10953 Ramona Blvd.
El Monte, CA 91731
Hours: Tues: 1 p.m. – 4:30 p.m.

[Lancaster](#)

High Desert Regional Health Center
335 East Avenue
Lancaster, CA 93535
Hours: Tues, Thu: 1 p.m. – 5 p.m.

[Long Beach](#)

Long Beach Comprehensive Health Center – Mobile
1333 Chestnut Avenue
Long Beach, CA 90813
Hours: Tue: 8 a.m. – 10 a.m.

[Los Angeles](#)

Central Regional Detention Facility
11705 S Alameda Street
Los Angeles, CA 90059
Hours: Mon: 11 a.m. – 2 p.m.

Health Services Administration
313 North Figueroa Street
Los Angeles, CA 90012
Hours: Mon, Wed, Fri: 1 p.m. – 5 p.m.

LAC+USC Medical Center
2020 Zonal Ave, Unit 620
Los Angeles, CA 90033
Hours: Mon – Fri: 6 a.m. – 7 p.m.

MLK Jr., Outpatient Center
1670 E. 120th Street
Los Angeles, CA 90059
Hours: Tue, Thu: 8 a.m. – 4 p.m.

Mens Central Jail (Parking Lot) – Mobile
441 Bauchet St.
Los Angeles, CA 90012
Hours: Mon: 6 a.m. – 2 p.m.

Grand Park, Entrance to HOA (starting 9/28)
200 N Grand Ave.
Los Angeles, CA 90012
Hours: Tues, Thu: 7 a.m. – 11 a.m.

Internal Services Division (Parking Lot, Drive-through and Walk-Up) (starting 10/1)
1110 N. Eastern Ave
Los Angeles, CA 90063
Hours: Mon, Fri: 6 a.m. – 11 a.m.

[Sylmar](#)

Barry Nidorf Juvenile Hall
16350 Filbert St.
Sylmar, CA 91342
Hours: Mon: 11 a.m. – 2 p.m.

Olive View-UCLA Medical Center
14445 Olive View Drive
Sylmar, CA 91343
Hours: Mon, Fri: 7 a.m. – 5 p.m.
Tue, Thu: 11 a.m. – 7:30 p.m.

[Torrance](#)

Harbor-UCLA Medical Center
1000 W. Carson
Torrance, CA 90509
Hours: Mon, Fri: 7 a.m. – 5 p.m.
Tue, Thu: 11 a.m. – 7:30 p.m.

[Van Nuys](#)

Mid-Valley Comprehensive Health Center
7515 Van Nuys Blvd.
Van Nuys, CA 91405
Hours: Wed, Fri: 1 p.m. – 5 p.m.

Resources

- [Injury and Health Support Unit \(IHSU\)](#)
- [IHSU Representative](#)
- [MyHR » Vaccination Mandate Site](#)
- [L.A. County Vaccine Executive Order](#)
- [L.A. County COVID-19 Vaccination Policy](#)
- [Fulgent Registration Site](#)
- [Fulgent Registration Step-by-Step User Guide](#)
- [Testing Appointment Site](#)
- [Fulgent Testing Location Flyer](#)
- [Testing-What To Expect Flyer](#)



For general questions contact the
VaccineMandateHelpDesk@lasd.org