



**Alaska Wildland  
Adventures**

**COVID-19 VACCINATION MEDICAL EXEMPTION & ACCOMMODATION FORM**

Due to the nature of the services we provide, which includes remote adventures where access to medical care is limited, travel is in confined vehicles and boats, and accommodations involve remote lodging facilities, Alaska Wildland Adventures, Inc. is requiring all trip participants to be fully vaccinated (as recognized by the Centers for Disease Control) for the COVID-19 virus.

The company is committed, however, to complying with all laws protecting individuals with disabilities or medical conditions. Therefore, when requested, Alaska Wildland Adventures will provide an exemption/reasonable accommodation when possible for any known medical condition or disability of a qualified individual which prevents the trip participant from receiving a COVID-19 vaccine, provided the reason for requested accommodation does not endanger the trip participant or others during the trip.

To request an Exemption/Accommodation related to Alaska Wildland Adventures' COVID-19 vaccination policy, please complete this form and have your healthcare provider complete the attached certification page and return to General Manager Janeen Hutchins at [janeen@alaska-wildland.com](mailto:janeen@alaska-wildland.com).

Medical exemptions/accommodations for the COVID-19 vaccine will be considered if the trip participant provides a written certification by a licensed, treating medical provider, including a physician (MD or DO), nurse practitioner (NP), or physician's assistant (PA), of one of the following:

1. The applicable CDC contraindication for the COVID-19 vaccine; or
2. The applicable contraindication found in the manufacturer's package insert for the COVID-19 vaccine; or
3. A statement that the physical condition of the person or medical circumstances relating to the person are such that immunization is not considered safe, indicating the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization with the COVID-19 vaccine.

**TRIP PARTICIPANT VERIFICATION:**

**I verify that the Information I am submitting in support of my request for an accommodation is complete and accurate to the best of my knowledge.**

Trip Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**MEDICAL CERTIFICATION - To be completed by Trip Participant's Medical Provider**

Alaska Wildland Adventures requires a COVID-19 vaccination as a condition of trip participation. The trip participant named below is requesting an exemption from this vaccination requirement. A medical exemption from the COVID-19 vaccination may be allowed for certain recognized contraindications.

Please complete the form below. Should you have any questions, please contact Janeen Hutchins at (907) 355-3850 or [janeen@alaska-wildland.com](mailto:janeen@alaska-wildland.com). Thank you.

Trip Participant: \_\_\_\_\_

**The above person should not be immunized for COVID-19 for the following reasons (Please check all that apply.):**

- History of previous allergic reaction to indicate an immediate hypersensitivity reaction to a component of the vaccine.
- The physical condition of the person or medical circumstances relating to the person are such that immunization is not considered safe. Please indicate below the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization with the COVID-19 vaccine.
- Other - Please provide information below that describes the need for an exemption in detail.

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I certify that \_\_\_\_\_ has the above contraindication and request a medical exemption from the COVID-19 vaccination. Further, this contraindication will not endanger them or other participants during the trip.

Medical Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_