

**Court of Washington
County of Yakima**

Requestor: _____

Date of Request: _____

Requested Accommodation:

Dates of Requested Accommodation: _____

**Sealed Medical and Health
Information Cover Sheet
under GR 33(b)(5)**

**Clerk's Action Required:
*Information Shall be Sealed
Automatically under GR
33(b)(5)***

(File in the administrative file.)

Sealed Medical and Health Information

Attached are documents that contain information about the physical or mental health condition of a person requesting an accommodation under GR 33.

Submitted by:

Signature

Print Name