

\_\_\_\_\_ **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