

COVID-19 Exemption Request

Instructions:

- Employee must complete and sign the Requestor Information section.
- For Medical Exemption Request, employee’s physician must complete and sign the Patient Medical Contraindication section.
- For Religious Exemption Requests, employee’s bona fide religious beliefs and opposition to the immunization requirements. A supporting statement from the employee’s religious leader will assist in evaluating the exemption request.

Requestor Information Section

Name	Position	Department	Request Date

Requestor Acknowledgement Information:

- I understand that Facility requires all healthcare workers (employees, medical staff, volunteers, students, and contract workers) be vaccinated against COVID-19, unless granted an exemption.
- COVID-19 vaccination is recommended for me and all other healthcare workers to protect our residents from COVID-19 disease, its complications and risk of death.
- I am likely to be exposed to the coronavirus through the community and could bring the illness into the health care setting.
- If I contract COVID-19, I will shed the virus for days before COVID-19 symptoms appear. The virus shedding can spread the COVID-19 disease to residents in this facility and to my colleagues and family.
- If I become infected with COVID-19, even when my symptoms are mild or non-existent, I can spread severe illness to others.
- I understand that COVID-19 vaccines are available in injection form.
- The consequences of not being vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact including: residents, co-workers, my family and my community.
- I understand all Facility positions and locations have the potential to expose our community to COVID-19 and therefore, all staff must be vaccinated.
- I recognize Facility requires other vaccinations as a condition of employment including Rubella, Rubeola, Varicella, Influenza, and TB.
- I understand that if this exemption is granted, I will be required to wear personal protection equipment (PPE) at all times when I am in the facility. If I do not wear the PPE, I will be subject to disciplinary action, up to and including, termination.

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This policy and procedure is not intended to replace the informed judgment of individual physicians, nurses or other clinicians nor is it intended as a statement of prevailing community standards or minimum standards of practice. It is a suggested method and technique for achieving optimal health care, not a minimum standard below which residents necessarily would be placed at risk.

Requestor Acknowledgement

With knowledge of the above, I am requesting an exemption from the COVID-19 vaccination for the following reason

(Please check one): _____ Medical Exemption _____ Religious Exemption

By my signature below, I acknowledge that:

- I have read and fully understand the information on this form.
- I understand that my request for an exemption may not be granted if it is not reasonable or creates an undue hardship on my employer or is likely to cause harm to residents or staff.
- I understand that any false or incomplete information on this form will result in corrective action up to and including termination of employment for falsification of records.
- I consent to release of this information as determined necessary for Facility to act on/carry out my request.

Name:	Signature:	Date:

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Patient Medical Contraindication Section (complete for Medical Exemption)

Patient Name: _____

Please certify your patient’s contraindications to the COVID-19 Vaccine

Medical condition aggravated by COVID-19 vaccine

Description of Medical Condition(s)	
Please describe how COVID-19 vaccine aggravates the medical condition(s).	

Medical Certification/Verification Process

Print Name: _____ Signature: _____

Date: _____ Telephone: _____

Address: _____

Religious Doctrine Section (complete for Religious Exemption)

Employee Name _____

Facility requires all employees to have certain immunity as a condition of employment. Employees must be vaccinated against COVID-19 to work in our organization. The above employee has requested a religious exemption from obtaining our required vaccination. In an effort to respect all religious freedom and accommodate the beliefs of our employees, we are requesting your assistance in better understanding your faith community doctrine as it relates to individual vaccinations. Please assist Facility in confirming your faith community doctrine specifically prohibiting the COVID-19 vaccination. We are seeking a description of your faith group’s written doctrine as well as supporting documentation validating your denomination’s doctrinal precepts.

Name of Established Faith Group or Denomination:	
Briefly describe faith group doctrine that prohibits vaccinations	

Please attach supporting documentation from your religious tradition’s creed or doctrinal statement explicitly prohibiting vaccinations.

Religious Leader Information (optional to assist in evaluation of request):

Religious Leader Name: _____ Title: _____

Religious Leader Signature: _____ Date: _____

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