

## **REQUEST FOR A MEDICAL EXCEPTION TO THE COVID-19 VACCINE REQUIREMENT – STUDENT/CONTRATORS**

CMS policy requires all hospital contractors, contracted staff providing care or service to hospital patients (i.e., traveler nurses, organ procurement staff, Steris staff, contracted perfusionists, vendor reps in the ORs, etc.), medical staff with hospital privileges, students and volunteers to be vaccinated against COVID-19, with exceptions only as required by law. Impacted persons may seek a legal exception to the vaccination requirement due to a disability, using the form below. The Hospital may also ask for other information, as needed. Requests for “medical accommodation” or “medical exceptions” will be treated as requests for a disability accommodation and evaluated and decided under applicable legal standards for reasonable accommodation absent undue hardship to the Hospital. A student/contractor may also request a delay for complying with the vaccination requirement based on certain medical considerations. The Hospital will keep confidential any medical information provided, subject to the applicable legal standards. Student/contractors who receive an exception or a delay from the vaccination requirement would instead comply with alternative health and safety protocols such as wearing an N95 mask.

**Signing this form constitutes a declaration that the information you provide is true and correct to the best of your knowledge and ability. Any intentional misrepresentation may result in disciplinary action, including termination or removal from schedule.**

**To request a medical exception or delay from the COVID-19 vaccination requirement using this form:**

1. You must complete Part 1 of this form.
2. Your medical provider must complete Part 2 of this form.
3. When both are completed, you must submit the form to your Hospital’s designated point of contact.

## PART 1 – TO BE COMPLETED BY THE STUDENT/CONTRACTOR

Student/Contractor Name		Date of Request ____/____/____
Hospital	Department	
Position	Supervisor	Phone Number (____) _____ - _____

### Medical or Physical Disability Exception Request

I am requesting a medical exception to the requirement for COVID-19 vaccination or a delay because of a temporary condition or medical circumstance. I declare that the information I have provided is true and correct to the best of my knowledge and ability.

Student/Contractor Signature	
Student/Contractor Name (print)	Date ____/____/____

**PART 2 – TO BE COMPLETED BY THE STUDENT’S/CONTRACTOR’S MEDICAL PROVIDER**

Student/Contractor Name

**Medical Certification for COVID-19 Vaccine Exception**

Dear Medical Provider:

CMS requires students/contractors to be fully vaccinated against COVID-19. The individual named above is seeking a medical exception to the requirement for COVID-19 vaccination or a delay because of a temporary condition or medical circumstance. Please complete this form to assist Hospital in its reasonable accommodation process.

Please provide at least the following information, where applicable:

1. The applicable contraindication or precaution for COVID-19 vaccination, and for each contraindication or precaution, indicate: (a) whether it is recognized by the CDC pursuant to its guidance; and (b) whether it is listed in the package insert or Emergency Use Authorization fact sheet for each of the COVID-19 vaccines authorized or approved for use in the United States;
2. A statement that the individual’s condition and medical circumstances relating to the individual are such that COVID-19 vaccination is not considered safe, indicating the specific nature of the medical condition or circumstances that contraindicate immunization with a COVID-19 vaccine or might increase the risk for a serious adverse reaction; and
3. Any other medical condition that would limit the employee from receiving any COVID-19 vaccine.

Description of the medical condition for which the employee listed above should be excepted from complying with a COVID-19 vaccination requirement:

This exemption request applies to the following COVID-19 vaccines (please check all that apply):

- Pfizer mRNA vaccine
- Moderna mRNA vaccine
- J&J (viral vector) vaccine

The condition described above is:  **TEMPORARY**       **LONG-TERM**

If this is a temporary condition or medical circumstance, when is it expected to end or expire (allowing for COVID-19 vaccination to begin after the date you provided):

Medical Provider Name/Title

Medical Provider Signature

Date

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