



NOTE: This sample policy is intended to help hospitals and critical access hospitals comply with the CMS COVID-19 vaccine mandate issued on November 4, 2021 (86 FR 6155). This policy may not include additional requirements that may apply to other healthcare providers, including nursing facilities or those facilities subject to OSHA rules. Hospitals and other providers should review and revise this sample policy as needed to fit their circumstances, comply with any additional requirements imposed by other state or federal laws, and/or coordinate with existing facility policies, including but not limited to human resources, anti-discrimination policies, and infection control policies.

POLICY: COVID-19 VACCINATION POLICY

PURPOSE: As required by 42 CFR § 485.640(f), Covered Persons (as defined below) shall be fully vaccinated with an approved COVID-19 vaccine in order to provide services for Hospital or Hospital’s patients unless they are exempted from the vaccination requirement as set forth in this Policy.

Commented [KS1]: This CFR section applies to CAHs. For other hospitals, use 482.42(g).

APPLICATION.

1. Covered Persons. This Policy applies to the following persons (“Covered Persons”) who provide any care, treatment, or other services for Hospital and/or its patients regardless of clinical responsibility or patient contact:

Commented [KS2]: 42 CFR 485.640(f)(1).

- a. Hospital employees, including existing and newly hired employees;
- b. Medical staff and other licensed practitioners rendering services at HOSPITAL;
- c. Students, trainees and volunteers;
- d. Any other individuals who provide care, treatment, or other services for Hospital and/or its patients under contract or other arrangement with Hospital. In applying this subsection (d) to vendors, contractors or other individuals who provide services periodically, Hospital may consider the frequency of their presence at Hospital, services provided, and proximity to patients and Hospital staff. For example, a plumber who comes into the hospital to repair a pipe in an isolated area may not require vaccination, but construction workers who are frequently or repeatedly onsite and who interact with other Covered Persons may need to be vaccinated.

Commented [KS3]: 86 FR 61571.

2. Persons Not Covered. This Policy does not apply to the following:

Commented [KS4]: 42 CFR 485.650(f)(2).

- a. Persons who provide telehealth services exclusively outside of the hospital setting and who do not have any direct contact with Hospital patients and other Covered Persons.
- b. Persons who provide support services for Hospital exclusively outside of the hospital setting and who do not have any direct contact with Hospital patients and other Covered Persons.

PROCEDURE.

1. Vaccination. Except as otherwise allowed by this Policy, all Covered Persons must be fully vaccinated before they may render services for Hospital or its patients. The vaccine must be licensed or authorized for emergency use by the FDA, e.g., the Pfizer-BioNTech COVID-19 Vaccine (multi-dose); Moderna COVID-19 Vaccine (multi-dose); or Janssen (Johnson & Johnson) COVID-19 Vaccine (single dose), unless otherwise approved in writing by Hospital. For purposes of this Policy and subject to section 2, below, a Covered Person is considered “fully vaccinated” if fourteen (14) days or more have passed since they completed a primary vaccination series for COVID–19. The completion of a primary

Commented [KS5]: 42 CFR 485.640(f).

Commented [KS6]: See CMS FAQ, <https://www.cms.gov/files/document/cms-omnibus-staff-vax-requirements-2021.pdf>.

vaccination series for COVID-19 is defined as the administration of a single-dose vaccine (e.g., the Johnson & Johnson vaccine), or the administration of all required doses of a multi-dose vaccine (e.g., the Pfizer or Moderna vaccine), not including subsequent booster doses.

2. Timing of Vaccination. Except as otherwise allowed by this Policy, Covered Persons must be vaccinated as follows in order to provide services for Hospital or its patients:

Commented [KS7]: 86 FR 61555; CMS FAQ.

- a. **By [DATE],** Covered Persons must have received at least the first dose of an approved vaccine.
- b. **By [DATE],** Covered Persons must have completed the primary vaccination series.
- c. **After [DATE],** Covered Persons must have completed the primary vaccination series and at least 14 days have passed since the completion of the primary vaccination series.

3. Proof of Vaccination. A Covered Person must provide acceptable proof of vaccination to Hospital's Human Resources Department by the dates set forth in Section 2 before being allowed to provide services for Hospital or its patients. Acceptable proof of vaccination shall include the following as deemed acceptable by Hospital: (i) a CDC COVID-19 vaccination card or copy thereof; (ii) a record of vaccination from a health care provider or pharmacy; (iii) a copy of medical records documenting the vaccination; or (iv) a copy of vaccination records from a public health, state or tribal immunization information system. Acceptable proof of vaccination shall usually include the Covered Person's name, type of vaccine administered, date(s) of administration, and the name of the healthcare provider administering the vaccine. Upon Hospital's request, the Covered Person shall provide appropriate consent or authorization to allow Hospital to obtain or confirm proof of vaccination from a healthcare provider. Hospital's Human Resources Department shall photocopy, retain a copy of, or otherwise document proof of vaccination for such Covered Persons.

Commented [KS8]: See 86 FR 61572; OSHA sample policy.

Commented [KS9]: To facilitate HIPAA compliance if Hospital needs to obtain proof of vaccination.

4. Delay in Vaccination. Vaccination of a Covered Person may be temporarily delayed due to clinical precautions and considerations recognized and recommended by the Center for Disease Control ("CDC"), including but not limited to individuals with acute illness secondary to COVID-19 and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment.

Commented [KS10]: 42 CFR 485.640(f)(3)(ix).

a. **Applicable Standards.** The conditions or contraindications that would warrant a delay are described on the CDC's webpage, <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>. Unless otherwise expressly allowed by Hospital in writing, only those conditions recognized by the CDC will warrant a delay in vaccination.

Commented [KS11]: See 86 FR 61572.

b. **Requests.** To request a delay in vaccination, the Covered Person must submit a written request to Hospital's Human Resources Director. If requested by Hospital, request must be supported by documentation or proof otherwise deemed acceptable by Hospital to confirm the circumstances which make vaccination contraindicated, which proof may but is not necessarily required to include a statement from a licensed practitioner as described in Section 5(a). The Director shall consider and respond to the request according to the process described in Section 5(d), below. Covered Persons may but are not necessarily required to use the attached form, "Request for Delay in Vaccination."

c. **Services During the Delay.** During the delay, the Covered Person may render services to Hospital or its patients subject to any conditions or accommodations required by Hospital. Hospital's Human Resources Director shall work with the Covered Person and appropriate supervisors to identify and implement the appropriate conditions and accommodations, which may include those described in Section 6, below. The Covered Person shall provide documentation or information to the Director as reasonably necessary for the Director to determine whether the circumstances giving rise to the delay are resolved.

d. **Termination of the Delay.** Upon resolution of the circumstances that warrant the delay, the Covered Person shall be vaccinated consistent with the requirements of this Policy. Notwithstanding the foregoing, Hospital shall have the right at any time to withdraw its consent to the delay and/or terminate the delay if Hospital determines that the delay poses an unreasonable hardship on Hospital or an unacceptable risk to Hospital, Covered Persons, or patients.

5. **Exemptions from Vaccinations.** Covered Persons may request an exemption from the vaccination requirements based on applicable Federal anti-discrimination laws and civil rights protections, including the Americans with Disabilities Act (“ADA”); Section 504 of the Rehabilitation Act; Title VII of the Civil Rights Act of 1964 (“Title VII”); the Pregnancy Discrimination Act; and the Genetic Information Nondiscrimination Act (“GINA”). Although exemptions may be appropriate in limited circumstances, no exemption should be provided to a Covered Person if not legally required under applicable Federal law or who requests an exemption solely to evade vaccination.

Commented [KS12]: 42 CFR 485.640(f)(3)(vi).

a. **Medical Exemptions.** A Covered Person may request an exemption from vaccination if they have a recognized medical condition for which the authorized vaccines are contraindicated.

Commented [KS13]: CMS FAQs.

i. **Applicable Standards.** Medical exemptions should be granted only for a medical condition for which the authorized vaccines are contraindicated as recognized by a reputable authority, including but not necessarily limited to contraindications identified by the CDC. See *Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States*, <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>.

Commented [KS14]: 42 CFR 485.640(f)(3)(viii).

ii. **Requests.** Covered Persons seeking a medical exemption must submit a written request accompanied by documentation from a licensed medical practitioner (other than the Covered Person requesting the exemption) acting within her/his scope of practice as defined by and in accordance applicable [STATE] law. The documentation from the practitioner must: (i) contain the name and contact information of the practitioner; (ii) confirm that the Covered Person has a medical condition or disability that would make one or more of the COVID-19 vaccines contraindicated as recognized by the CDC or other reputable authorities; (iii) specify which of the authorized vaccines are clinically contraindicated for the Covered Person; (iv) explain the recognized clinical reasons for the contraindications; (v) recommend that the Covered Person be exempted from Hospital’s COVID-19 vaccination requirements based on the recognized clinical contraindications; and (vi) be dated and signed by the Practitioner. Covered Persons may but are not necessarily required to use the attached form, “Request for Medical Exemption.”

Commented [KS15]: 42 CFR 485.640(f)(3)(viii).

b. **Religious Exemptions.** Subject to subsection (e), below, a Covered Person may request an exemption if vaccination would be contrary to or interfere with the Covered Person’s sincerely held religious beliefs, observances or practices protected by Title VII.

Commented [KS16]: CMS FAQ; 86 FR 61572.

i. **Applicable Standards.** “Religious beliefs” are those which address fundamental questions about life, purpose, and death, and may include both theistic and non-theistic moral or ethical beliefs as to what is right and wrong. “Religious beliefs” may include personal beliefs even if not part of, or if they conflict with, the tenets of an organized or recognized religion. “Religious beliefs” do not include medical, social, political, or economic philosophies; strongly held personal preferences; or ways of living such as veganism, pacifism, or minimalism, unless such practices are part of the Covered Person’s religious beliefs, observances or practices. Whether a person’s request is motivated by religious beliefs will require a case-by-case evaluation. For example, one employee might observe dietary restrictions for religious reasons while another employee adheres to the same dietary restrictions for health or environmental reasons. In this scenario, the employee whose practice is based upon sincerely held religious beliefs may be entitled to reasonable accommodation under Title VII whereas the employee who engages in the same practices for secular reasons might not be entitled to an exemption. For more information about evaluating religious exemptions, see EEOC, *What You Should Know About COVID-19 and the ADA, the Rehabilitation Act, and Other EEO Laws*, <https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws>, and EEOC, *Religious Discrimination*, <https://www.eeoc.gov/laws/guidance/section-12-religious-discrimination>.

Commented [KS17]: 86 FR 61573. In most situations, I would not normally include this detail or guidance; however, vaccine mandate is different because the employer may be more disposed to support employee requests for religious exemptions to maintain its workforce. Accordingly, I include this info to help inform employees and help guide hospital administration in evaluating requests for religious exemptions. The hospital may choose to delete or pare back the specific guidance in its published policy.

ii. **Requests.** A person seeking a religious exemption to vaccination must submit a written request to Hospital's Human Resources Director that (i) identifies the authorized COVID-19 vaccine(s) that, if administered, would violate the Covered Person's religious beliefs; and (ii) describes the nature of the Covered Person's sincerely held religious beliefs, practices or observances that oppose such vaccination. Because a person's religious beliefs are by their nature subjective, Hospital should generally assume that a Covered Person's request for a religious exemption is based on her/his sincerely held religious belief and may accept and act on the Covered Person's request accordingly. However, if Hospital has an objective basis for questioning the sincerity of the Covered Person's religious belief, Hospital may request documentation or other information from the Covered Person to help Hospital evaluate the Covered Person's request. Covered Persons may but are not necessarily required to use the attached form, "Request for Religious Exemption."

c. **Other Exemptions.** Requests for exemptions for reasons other than medical or religious reasons should be submitted to Hospital's Human Resources Director. The Director may consult with Hospital's attorney or others to determine whether such exemptions are recognized or required by Federal law.

d. **Process for Evaluating Requests for Exemptions.** Requests for exemptions and supporting documents, if any, should be submitted to Hospital's Human Resources Director. The Director shall review the request and, if necessary or appropriate, may request additional or clarifying information from the Covered Person. If the Director deems it appropriate, the Director may establish a committee or enlist the help of other appropriate persons to evaluate such requests, including evaluating possible accommodations. The Director shall notify the Covered Person whether the request was denied or granted; whether Hospital is able to accommodate the request; and if so, the Director shall work with the Covered Person and appropriate supervisors to identify and implement reasonable accommodations. If the request is denied or the exemption terminated, the Covered Person shall be required to comply with this Policy concerning vaccination.

e. **Outside Contractors, Vendors and Others.** Nothing in this Policy shall require Hospital to consider requests for vaccination exemptions from any Covered Persons except Hospital employees, medical staff members, and others if and to the extent applicable law requires Hospital to respond to such requests. By way of example, Hospital is not required to consider requests for exemptions by employees, subcontractors or other persons who do not contract directly with Hospital, but instead who provide services to Hospital through Hospital's contract with their employer (e.g., vendor representatives, construction personnel, subcontractors, etc.). In such cases, Hospital may, if it so chooses, contact the employer to confirm whether the employer granted an exemption and, if so, Hospital may decide to recognize or accommodate the exemption or decline the exemption as Hospital deems appropriate. Nothing in this Policy shall give such outside personnel any rights against Hospital, including any right to obtain an exemption from Hospital's vaccination requirement.

6. **Reasonable Accommodations.** Hospital shall work with Covered Persons who are exempt from the vaccination requirement to identify and implement reasonable accommodations and to otherwise protect Covered Persons and patients from infection by unvaccinated persons. Appropriate accommodations will depend on the circumstances, including but not limited to the duties of the Covered Person; the frequency, scope, and nature of interactions with other Covered Persons and patients; the risk of infection; and the needs, obligations and hardship on Hospital. Reasonable accommodations might include, depending on the position and other circumstances, appropriate use of masks, face coverings, or personal protective equipment; periodic testing for COVID-19; sterilization and cleaning of work areas; personal distancing; shields, screens or other environmental modifications; restricted access; reassignments; quarantines; education; etc., as deemed appropriate by Hospital. Hospital's Human Resources Director shall work with Hospital's infection control personnel and Covered Persons' supervisors to ensure such accommodations are implemented and modified as appropriate. Hospital reserves the right to modify or terminate accommodations at any time consistent with applicable law.

Commented [KS18]: See 42 CFR 485.460(f)(3)(iii).

7. Precautions Against Infection. Pursuant to Hospital's Infection Control Policy, and associated procedures, Hospital shall implement appropriate precautions intended to mitigate the transmission and spread of COVID-19 for all staff and patients, including but not limited to those who are not fully vaccinated for COVID-19. Consistent with Section 6, such precautions may include appropriate use of masks, face coverings, or personal protective equipment; periodic testing for COVID-19; sterilization and cleaning of work areas; personal distancing; shields, screens or other environmental modifications; restricted access; quarantines; education; etc., as deemed appropriate by Hospital. See Hospital's Infection Control Policy. Hospital's Director of Nursing shall ensure that this Policy coordinates with the Infection Control Policy, and the Infection Control Policy extends to precautions to protect against transmission of COVID-19.

Commented [KS19]: 42 CFR 485.640(f)(3)(iii).

8. Contingency Planning. The course of the COVID-19 pandemic remains unpredictable. Hospital's Human Resources Director, Director of Nursing, infection control personnel, and other appropriate personnel shall monitor and, as necessary, work together to address contingencies that may arise and affect Hospital operations, infection rates, or staffing, including the failure or inability of Covered Person's to obtain effective vaccinations; the need to obtain replacement staff; or the need to modify accommodations or practices to control or minimize COVID-19 infections.

Commented [KS20]: 42 CFR 485.640(f)(3)(x); 86 FR 61573.

9. Noncompliance. Pursuant to 42 CFR § 485.640(f), Hospital's participation in Medicare and Medicaid is conditioned in part on Hospital's implementation and reasonable enforcement of this Policy. Accordingly, compliance with this Policy is a condition of employment for Hospital employees. Hospital shall have the right to take adverse action against employees, which may include but is not necessarily limited to termination of employment, for failure to comply with this Policy. Hospital shall have the right to take appropriate action against any other Covered Person for noncompliance, including but not limited to exclusion of such Covered Person from Hospital and/or termination of the contract, agreement, privileges, or other arrangement by which the Covered Person provides services for Hospital or its patients. Nothing in this Policy alters or amends employees' at-will employment status.

10. Documentation. Hospital's Human Resources Director shall create and maintain documentation necessary to ensure and facilitate compliance with this Policy.

a. **Tracking.** The Director shall be responsible for implementing procedures to track and securely document the following information for Covered Persons who are Hospital employees, medical staff members, students, trainees and volunteers, and such other Covered Persons who provide services for Hospital or its patients on a frequent, regular basis as deemed necessary by the Director to accomplish the intent of this Policy: (i) the COVID-19 vaccination status of the Covered Persons; (ii) the COVID-19 vaccination status of any Covered Persons who have obtained any booster doses as recommended by the CDC; (iii) information provided by those Covered Persons who have requested, and for whom Hospital has granted, an exemption from the COVID-19 vaccination requirements based on recognized clinical contraindications or applicable Federal laws; and (iv) the vaccination status of Covered Persons for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations. The Director may coordinate with Medical Staff Services and others to assist in tracking and documenting such information. For vendors, contractors or other persons who render services for Hospital or its patients on a periodic basis, the Director may establish a process for confirming and/or documenting vaccination status as the Director deems reasonable under the circumstances given the circumstances of such person's services.

Commented [KS21]: 42 CFR 485.460(f)(3)(iv), (v), (vii).

b. **Confidentiality.** The Director shall maintain all vaccination information, requests for exemptions, and other documents relating to Hospital employees in a confidential employee medical file separate from the employee's personnel file. The Director shall ensure that the employee medical information is only used or disclosed in a manner consistent with applicable laws.

Commented [KS22]: 29 CFR 1630.14.

11. Conflicting State Laws. CMS takes the position that its COVID-19 vaccination rules preempt contrary state or local laws, including but not limited to those laws which prohibit vaccine mandates or create exemptions that are not recognized under federal law. Unless and until a court with jurisdiction

Commented [KS23]: 86 FR 61572, 61613; CMS FAQs.



over Hospital rules otherwise, Hospital is required to comply with the CMS rules mandating COVID-19 vaccinations.

12. **Questions.** Any questions or concerns about this Policy or implementation of this Policy should be directed to the Human Resources Director.

REFERENCES

1. 42 CFR § 485.640(f)
2. CMS, *Medicare and Medicaid Programs: Omnibus Covid-19 Health Care Staff Vaccination*, 86 FR 6155 (11/5/21), <https://www.govinfo.gov/content/pkg/FR-2021-11-05/pdf/2021-23831.pdf>
3. CMS, *Omnibus COVID-19 Health Care Staff Vaccination Interim Final Rule* (Frequently Asked Questions), <https://www.cms.gov/files/document/cms-omnibus-staff-vax-requirements-2021.pdf>.
4. CDC *COVID-19 Vaccination Program Provider Requirements and Support*, <https://www.cdc.gov/vaccines/covid-19/vaccination-provider-support.html>.
5. CDC, *Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States*, <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>
6. EEOC, *What You Should Know About COVID-19 and the ADA, the Rehabilitation Act, and Other EEO Laws*, <https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws>
7. EEOC, *Compliance Manual on Religious Discrimination, Section 12: Religious Discrimination*, <https://www.eeoc.gov/laws/guidance/section-12-religious-discrimination>

Commented [KS24]: If this policy is used by a hospital, cite 42 CFR 482.42(g).

RELATED DOCUMENTS AND POLICIES

1. Anti-Discrimination Policy, No. _____
2. Infection Control Policy, No. _____
3. Request for Delay in Vaccination
4. Request for Medical Exemption
5. Practitioner’s Statement in Support of Medical Exemption
6. Request for Religious Exemption
7. [OTHERS?]



REQUEST FOR DELAY IN COVID-19 VACCINATION

Name: _____

Contact Information: _____

Job Title/Duties: _____

I request a temporary delay in receiving a COVID-19 vaccination because I have the following condition(s):

[] I have an acute illness secondary to COVID-19. Briefly describe the nature of the symptoms and when the illness began:

[] I have the following condition for which the CDC has recommended that COVID-19 vaccination is contraindicated (see CDC, *Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States*, <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>). Briefly describe the nature of the condition, including the date the condition manifested, any treatment received for the condition, and the anticipated date that the condition may resolve:

I understand that Hospital may request additional information to confirm the nature of my condition. If Hospital deems it appropriate, I hereby consent to and authorize Hospital to obtain information from my healthcare provider(s) relating to my condition and hereby authorize such providers to disclose such information to Hospital.

I understand that Hospital's decision to grant or deny the delay may depend on relevant circumstances, including but not limited to the impact that the delay may cause on Hospital, its staff, and its patients. If the delay is granted, Hospital reserves the right to withdraw or terminate the delay or modify any conditions associated with the delay as it deems appropriate.

I agree to comply with any conditions or precautions that HOSPITAL may require during the delay to protect against my own infection and/or to protect other Hospital personnel or patients.

I agree to notify Hospital's Human Resources Director immediately if my condition changes or resolves.

Signature

Date

Commented [KS25]: This will not satisfy the technical requirements for a HIPAA authorization, but should be sufficient practically.



REQUEST FOR MEDICAL EXEMPTION FOR COVID-19 VACCINATION

Name: _____

Contact Information: _____

Job Title/Duties: _____

I request an exemption to Hospital's COVID-19 vaccination requirements because I have the following medical condition(s) or disability(ies):

[] I have the following condition for which the CDC has recommended that COVID-19 vaccination is contraindicated (see CDC, Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States, https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html). Briefly describe the nature of the condition, including the date the condition manifested, any treatment received for the condition, and the anticipated date that the condition may resolve:

[] Other condition. Briefly describe the nature of the condition, including the date the condition manifested, any treatment received for the condition, and the anticipated date that the condition may resolve:

Consistent with the requirements of 42 CFR 485.460(f), I attach a written statement from my licensed healthcare practitioner confirming my condition(s) or disability(ies). I understand that Hospital may request additional information to confirm the nature of my condition. If Hospital deems it appropriate, I hereby consent to and authorize Hospital to obtain information from my healthcare provider(s) relating to my condition and hereby authorize such providers to disclose such information to Hospital.

Commented [KS26]: As required by 42 CFR 485.460(f)(3)(viii).

Commented [KS27]: This will not satisfy the technical requirements for a HIPAA authorization but should be sufficient practically.

I understand that Hospital's decision to grant or deny the exemption may depend on relevant circumstances, including but not limited to the impact that the exemption may cause on Hospital, its staff, and its patients. If the exemption is granted, Hospital reserves the right to withdraw or terminate the exemption or modify any accommodations associated with the exemption as it deems appropriate.

I agree to comply with any conditions or precautions that HOSPITAL may require during the exemption to protect against my own infection and/or to protect other Hospital personnel or patients.

I agree to notify Hospital's Human Resources Director immediately if my condition changes or resolves.

Signature

Date



LICENSED PRACTITIONER'S STATEMENT
IN SUPPORT OF REQUEST FOR MEDICAL EXEMPTION
FOR COVID-19 VACCINATION

Commented [KS28]: As required by 42 CFR 485.460(f)(3)(viii).

Practitioner's Name/Licensure: _____

Practitioner's Specialty: _____

Practitioner's Contact Information: _____

Patient's Name ("Patient"): _____

- I certify that I am licensed to practice medicine or as a healthcare practitioner in [STATE], and that the conclusions in this statement about the Patient are within the scope of my practice.
- The Patient has the following condition(s) or disability(s) that make one or more of the COVID-19 vaccines contraindicated as recognized by the CDC or other reputable authorities:

- Because of the patient's condition(s) or disability(ies), the following COVID-19 vaccinations are contraindicated for the Patient:
 - Pfizer-BioNTech COVID-19 Vaccine (multi-dose).
 - Moderna COVID-19 Vaccine (multi-dose).
 - Janssen (Johnson & Johnson) COVID-19 Vaccine (single dose).
 - Other: _____

- The foregoing COVID-19 vaccine(s) are contraindicated for the Patient for the following clinical reasons:

- For the foregoing reasons, I recommend that the Patient be exempted from Hospital's COVID-19 vaccination requirements based on the recognized clinical contraindications.

Signature

Date



REQUEST FOR RELIGIOUS EXEMPTION FOR COVID-19 VACCINATION

Name: _____

Contact Information: _____

Job Title/Duties: _____

I request an exemption from Hospital's COVID-19 vaccination requirements because such vaccination conflicts with my sincerely held religious beliefs, observations or practices as described below:

Specify the vaccine that, if administered, would conflict with your religious beliefs:

- Pfizer-BioNTech COVID-19 Vaccine (multi-dose).
- Moderna COVID-19 Vaccine (multi-dose).
- Janssen (Johnson & Johnson) COVID-19 Vaccine (single dose).
- Other: _____

Briefly describe the nature of your sincerely held religious beliefs or religious practice or observance that conflict with Hospital's COVID-19 vaccination requirements:

I understand that Hospital may, but is not required to, request additional information to confirm the nature of my religious beliefs.

I understand that Hospital's decision to grant or deny the exemption may depend on relevant circumstances, including but not limited to the impact that the exemption may cause on Hospital, its staff, and its patients. If the exemption is granted, Hospital reserves the right to withdraw or terminate the exemption or modify any accommodations associated with the exemption as it deems appropriate.

I agree to comply with any conditions or precautions that Hospital may require during the exemption to protect against my own infection and/or to protect other Hospital personnel or patients.

Signature

Date



CONFIDENTIAL EMPLOYEE INFORMATION

ACCOMMODATION

Employee Name: _____ DOB: _____

1. Employee has requested an exemption from [HOSPITAL's] policy requiring COVID-19 vaccination. [HOSPITAL] has reviewed Employee's exemption request and has determined, based on current CMS guidance, that Employee should be exempted from mandatory vaccination.

2. As required by CMS, because Employee will not be vaccinated, Employee must comply with the following conditions which are intended to protect [HOSPITAL] patients and personnel and minimize and the burden on [HOSPITAL]:

a. Employee shall comply with [HOSPITAL] policies, procedures and safety measures (other than COVID-19 vaccination) so as to minimize the risk of infection to Employee or others.

b. Employee will immediately notify [HOSPITAL] if the circumstances change such that Employee no longer requires an exemption from the COVID-19 policy.

See CDC Recommendations at <https://www.cdc.gov/coronavirus/2019-ncov/index.html> and OSHA Recommendations at <https://www.osha.gov/coronavirus/safework>.

3. [HOSPITAL] reserves the right to modify the foregoing terms and conditions and/or withdraw its approval of Employee's exemption at any time.

4. By signing below, Employee understands and agrees to the foregoing requirements and conditions.

Employee

Date