

# COVID-19 Vaccination Exemption Request Form

Infirmary Health (IH) is committed to diversity and inclusiveness of all our employees. We require all HCP, clinical and non-clinical, be vaccinated against COVID. Pursuant to State and Federal Law however, you may submit a request for an exemption from Infirmary Health's COVID-19 vaccine requirement for medical reasons or because the vaccine conflicts with sincerely held religious beliefs, or both.

## **PART 1**

If you wish to be exempt from the vaccine for medical or religious reasons, please provide the following information:

Name: \_\_\_\_\_ E #: \_\_\_\_\_ Phone#: \_\_\_\_\_

IH Facility: \_\_\_\_\_ Dept Name/#: \_\_\_\_\_

### **Religious Exemption**

- Because the COVID Vaccination Policy conflicts with my sincerely held religious beliefs and practices or membership in a church or religious body or, with my strongly held moral or ethical beliefs of what is right and wrong, I request approval to decline COVID vaccination at this time.

When completed, please email **RELIGIOUS** exemption form to: [employeerelations@infirmaryhealth.org](mailto:employeerelations@infirmaryhealth.org)

### **Medical Exemption**

- My healthcare provider has recommended that I refuse the COVID-19 vaccination due to the health reasons below.

#### **Healthcare Provider's Attestation** *(This section must be completed by primary care physician)*

I have evaluated this employee and can verify that this employee has one or more of the following medical contraindications to the COVID vaccine:

- Severe allergic reaction to previous vaccine or products containing any of the components (including polyethylene glycol or polysorbate)
- History of Guillain-Barre' Syndrome within six weeks of receiving a previous vaccine
- Received monoclonal antibodies or convalescent plasma as part of a COVID-19 treatment in the past 90 days.
- Other: (please explain – only evidence-based medical contraindications):

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Stamp NOT Acceptable

When completed, please email **MEDICAL** exemption form to: [employeehealth@infirmaryhealth.org](mailto:employeehealth@infirmaryhealth.org)

**PART 2**

**Verification and Accuracy**

I verify that the above information is complete and accurate to the best of my knowledge and I understand that any intentional misrepresentation contained in this request may result in potential corrective action up to and including termination. Further, I understand my request for an exemption may not be granted if it is not reasonable or if it creates an undue hardship on my employer. However, if my request is granted, I understand I will be required to wear a face mask or other required PPE based on the COVID Vaccination Policy guidelines or such other mitigation procedures (including periodic COVID-19 testing) as may be deemed reasonably necessary by IH and/or recommended or required by public health authorities, but not limited to OSHA, CMS or Joint Commission from time to time as long as I am in an IH facility.

In the event my exemption request is denied, I have a right to file a request for administrative review with an administrative law judge (ALJ) within 7 days. I will be provided with information on how to file that appeal. That information may also be obtained by visiting <https://vaxexemption.alabama.gov>.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This request will be reviewed and acknowledged by Human Resources or Employee Health. You will be notified of the decision regarding your requested exemption.