



Lady of the Sea General Hospital
HUMAN RESOURCES DEPARTMENT
 COVID-19 Vaccination Accommodation Request *Form*

CMS requires facilities to allow for exemptions to staff with recognized medical conditions for which vaccines are contraindicated (as a reasonable accommodation under the Americans with Disabilities Act (ADA)) or religious beliefs, observances, or practices (established under Title VII of the Civil Rights Act of 1964). CMS believes that exemptions could be appropriate in certain limited circumstances, but no exemption should be provided to any staff for whom it is not legally required (under the ADA or Title VII of the Civil Rights Act of 1964) or who requests an exemption solely to evade vaccination.

Employee Information:			
<i>First Name</i>	<i>Middle Initial</i>	<i>Last Name</i>	
Department:		Phone No.:	()

To request an exemption from required vaccinations, please complete **Section 1** below and if your request is for a Medical Exemption, have your medical provider complete **Section 2** before returning this form to the Human Resources Department.

Section 1: Please describe the nature of your objection to the COVID-19 vaccination requirement.

Medical Exemption Request

Employees who receive an exception or a delay from the vaccination requirement would instead comply with alternative health and safety protocols.

- I am in need of an exemption from this policy due to a medical reason. Have your Medical Provider complete Section 2 below.
- I am requesting a medical exception to the requirement for COVID-19 vaccination for a delay because of a temporary condition or medical circumstance. Have your Medical Provider complete Section 2 below.

Religious Accommodation Request

Objections to COVID-19 vaccinations that are based on non-religious reasons, including personal preferences or non-religious concerns about the vaccine, do not qualify for a religious exception.

- I am in need of an exemption from this policy because of a sincerely held religious belief.
 Would complying with the COVID-19 vaccination requirement substantially burden your religious exercise or conflict with your sincerely held religious beliefs, practices, or observances? Yes No If so, explain how:

Please provide any additional information that you think may be helpful in reviewing your request:

- How long you have held the religious belief underlying your objection?
- Indicate whether your religious objection is to the use of:
 - All vaccines COVID-19 vaccines A specific type of COVID-19 vaccine, or Some other subset of vaccines.
- Indicate whether you have received vaccines as an adult against any other diseases:
 - Influenza/Flu vaccine Tetanus vaccine Other:

I declare that the information I have provided is true and correct to the best of my knowledge and ability. I verify that the information I am submitting to substantiate my request for exemption from the vaccination policy is true and accurate to the best of my knowledge. My religious beliefs and practices, which result in this request, are sincerely held. I understand that any falsified information can lead to disciplinary action, up to and including termination. I further understand that Lady of the Sea General Hospital is not required to provide this exemption accommodation if doing so would pose a direct threat to myself or others in the workplace or would create an undue hardship for Lady of the Sea General Hospital.

Approvals	
Employee: _____	Date: _____
Director: _____	Date: _____
Human Resources: _____	Date: _____
Administration: _____	Date: _____



Section 2

Medical Certification for Vaccination Exemption or Vaccination Delay

Employee Name: _____

Dear Medical Provider,

Lady of the Sea General Hospital requires its employees to be fully vaccinated against COVID-19 pursuant to Executive Order of the President of the United States. The individual named above is seeking a medical exemption to this policy due to medical circumstances. Please complete this form to assist in the reasonable accommodation process. If you have questions about completing this form, please contact Bennie Smith via email at bennies@losgh.org or via phone at (985) 325-9333.

Documentation must specify which authorized or licensed COVID-19 vaccine is clinically contraindicated for the staff member and the recognized clinical reasons for the contraindication.

Vaccine Type:

- Pfizer-BioNTech Moderna Janssen (Johnson & Johnson)

The applicable contraindication or precaution for COVID-19 vaccination, and for each contraindication or precaution, indicate:

- Contraindication/precaution is recognized by the CDC pursuant to its guidance; and
Contraindication/precaution 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

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

Any other medical condition that would limit the employee from receiving any COVID-19 vaccine.

The condition described above is: Temporary Long-term

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

I certify the above information to be true and accurate, and request exemption from the COVID-19 vaccination for the above-named individual.

Provider Name (print): _____
Signature: _____ Date: _____