

REQUEST FOR MEDICAL EXEMPTION FROM COVID-19 VACCINATION REQUIREMENT, PROVIDER CERTIFICATION AND REASONABLE ACCOMMODATION FORM

This form is for RRH employees, RRH Medical/Dental staff and Isabella Graham Hart School of Practical Nursing students seeking an exemption from the vaccine requirement and a reasonable accommodation based on medical reasons. Please submit the completed form via email to Accommodations@RochesterRegional.org.

TO BE COMPLETED BY EMPLOYEE

1. Print Name:	2. Date of Request:
3. Employee Number (if applicable):	4. Current Position:
5. Preferred Email Address:	6. Preferred Phone Number:
7. Affiliate:	8. Department:
9. Manager/Contact Name:	10. Manager/Contact Email:

By signing below, I am acknowledging:

- I have been given the opportunity to be immunized with the COVID-19 vaccine at no charge.
- I am requesting a reasonable accommodation based on medical reasons in place of the COVID-19 vaccination. This request is necessary and based on advice I have received from the below health care provider.

Employee Signature: _____

Date: _____

TO BE COMPLETED BY EMPLOYEE'S HEALTHCARE PROVIDER (licensed physician, certified nurse practitioner or physician assistant)

The person listed above has requested a reasonable accommodation based on medical reasons in place of receiving the COVID-19 vaccination. The New York State Department of Health requires that a licensed physician, certified nurse practitioner or physician assistant certify that immunization with the COVID-19 vaccine would be detrimental to the health of the person listed above, based upon a pre-existing health condition, and must be in accordance with generally accepted medical standards.

When answering the following questions please keep in mind the current CDC medical considerations for COVID-19 vaccination exemption:

- Severe allergic reaction (e.g., anaphylaxis, toxic epidermal necrolysis, angioedema, respiratory distress) after a previous dose or to a component of the COVID-19 vaccine.
- Immediate allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine.

If a significant COVID vaccine allergy is diagnosed, providers can consider two alternatives before concluding that the allergy constitutes a medical exemption.

- Obtain an allergy and immunology consultation.
- Offer another vaccination class. Vaccine cross-reactivity between the mRNA and adenovirus-based vaccines is not reported and provides an opportunity to achieve vaccination despite an allergy.

Pregnancy is not an automatic medical exemption for COVID-19 vaccination. The CDC, the American College of Obstetricians & Gynecologists (ACOG) and the Society for Maternal-Fetal Medicine (SMFM) recommend that all pregnant individuals be vaccinated against COVID-19. Providers should discuss COVID-19 vaccination with their pregnant patients and determine together if the vaccination meets the exemption criteria or not.

Check if applicable:

- This is a request for an exemption from COVID-19 vaccination – booster only.

In accordance with New York State Department of Health requirements, please answer the following questions:

1. Would COVID-19 vaccination be detrimental to the person listed above? Yes No
2. If yes, does the person listed above have a specific pre-existing health condition? Yes No
3. What is the date of onset of the pre-existing health condition? _____
4. Is the pre-existing health condition permanent? Yes No
5. If not permanent, what is the length of time the pre-existing health condition will impact the decision for vaccination?

6. Which vaccine may be detrimental to the employee based on a pre-existing health condition? _____
7. Please describe below in detail the reason the person listed above should receive an exemption from the New York State COVID-19 vaccine mandate, including the nature of the specific pre-existing health condition.

CERTIFIED:

(Signature of Health Care Provider)

Name of Health Care Provider: _____

Date: _____

Phone Number: _____

Email Address: _____