

**AFFILIATE ATTESTATION FORM
MEDICAL EXEMPTION FROM COVID-19 VACCINATION REQUIREMENT**

This form is for RRH affiliates that have made a determination that an individual has a valid medical exemption from the COVID-19 vaccine requirement, in accordance with 10 NYCRR § 2.61. Please submit the completed form via email to Accommodations@RochesterRegional.org.

INDIVIDUAL INFORMATION

1. Name (Individual Seeking Exemption/Accommodation):	2. Employer/School:
3. Position:	4. RRH Contact (Manager):
5. Employer/School Contact Person:	6. Employer/School Contact Email:
7. Employer/School Contact Phone:	8. RRH Facilit(ies) Impacted:

ATTESTATION

I, on behalf of _____, do hereby attest that _____
Employer/School listed in Box 2, above Individual listed in Box 1, above

is exempt from the COVID-19 vaccination requirement, and that _____ made such determination
Employer/School listed in Box 2, above

based on a written certification from a licensed physician or certified nurse practitioner stating that immunization with the COVID-19 vaccine would be detrimental to the health of the above named individual, and that such certification has been made based upon a pre-existing health condition, and in accordance with generally accepted medical standards. I further attest that a confidential record of the request for exemption and determination, in accordance with applicable law, has been maintained and shall be provided at the request of Rochester Regional Health. I further attest that I am duly authorized and have the legal capacity to execute and deliver this attestation on behalf of the above named organization.

SIGNED:

Signature of Attestator

Print Name of Attestator

Date: _____