



VALLEY MEDICAL GROUP COVID-19 VACCINATION MEDICAL EXEMPTION REQUEST FORM

1. To Be Completed by Employee Seeking Exemption

I understand that in order for Valley Medical Group to evaluate my request for medical exemption from COVID-19 vaccination, I am required to have my health care provider complete this form. I understand that this form, and the information contained on it, will be maintained confidentially, except that Valley Medical Group may authorize certain employees and/or agents to review the information for purposes of addressing my exemption request.

I authorize my health care provider to release to Valley Medical Group, and to any of Valley Medical Group’s employees and/or agents designated for this purpose, any and all information which shall be required with respect to my exemption request. If my health care provider requires that a HIPAA release be signed before releasing information related to my exemption request, I agree that I will promptly execute the HIPAA release.

I understand that: 1) this authorization will expire on the day my employment or other relationship with Valley Medical Group expires; 2) I may revoke this authorization at any time, in writing, except to the extent that action has been taken in reliance on this authorization; 3) my health care provider may not refuse to treat me if I refuse to sign this authorization; and 4) once this information is disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient(s), and may no longer be protected by federal privacy regulations.

I give this authorization voluntarily and with full understanding of its nature.

Name:		EN#:		DOB:	
Date of Request:		Department:			
Immediate Supervisor:		Do you provide direct patient care?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Employee Signature:				Date:	



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2. To Be Completed by Health Care Provider

Information Regarding COVID-19 Vaccination Requirement: By no later than **October 1, 2021**, as a staff and patient safety initiative, Valley Medical Group will require COVID-19 vaccination, similar to influenza, MMR, and other required vaccination, for all employees and medical staff, as well as other health care personnel working at Valley Medical Group. COVID-19 vaccination has been proven to be extremely safe and highly effective at preventing COVID-19 infection, severe disease, hospitalization, and death. The Advisory Committee on Immunization Practices (ACIP) of the Centers of Disease Control and Prevention (CDC) recommends all adults receive COVID-19 vaccine. Your patient, named above, is requesting a medical exemption from COVID-19 vaccination. Medical exemption is allowed only for individuals with a recognized contraindication to the vaccines offered, a documented history of anaphylaxis or an immediate allergic reaction after a single dose of any of the vaccines necessitating a 2-dose series, and on a case-by-case basis, for individuals who developed a rare severe adverse reaction that has been medically documented by a healthcare provider. In addition, time-limited medical exemptions will be considered for individuals who are currently pregnant or who received a COVID-19 monoclonal antibody treatment for acute COVID-19 illness.

Instructions for Completing this Form: If your patient has a medical condition that you believe would qualify them for exemption from the COVID-19 vaccination requirement based on the criteria described above, please complete this form and attach any related medical documentation. Requests will be reviewed on a case-by-case basis. Clarification and/or additional documentation may be requested from the individual and/or their health care provider. The individual may also be referred for further assessment to an allergist in advance of a determination being.

Medical Exemption Request: I certify that this patient is under my care and should not be vaccinated against COVID-19 for the following reason:

- Recognized contraindication to COVID-19 vaccination (please mark which one):
 - Documented allergy to polyethylene glycol (PEG)
 - Documented allergy to polysorbate
 - Documented anaphylaxis or severe immediate allergic reaction to a dose of an mRNA COVID-19 vaccine (e.g. Pfizer-BioNTech or Moderna)
 - Documented anaphylaxis or severe immediate allergic reaction to a dose of an adenovirus vector vaccine (e.g. Johnson & Johnson or AstraZeneca)
- Currently pregnant Due Date:
- Receipt of COVID-19 monoclonal antibody treatment Date of infusion:



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Diagnosis of Multi-system Inflammatory Syndrome-Adults (MIS-A) (accompanying medical documentation required)

Other severe reaction (please describe in space below and provider accompanying documentation)

Healthcare Provider Name:			
Provider Signature:			
Specialty:		Date:	
Work Address:			
Phone Number:			

1. Return this form to Human Resources no later than **9/1/21**
 - a. Scan/email this completed form to: HumanResources@vmgma.com
 - b. Snap a picture with your phone and email to: HumanResources@vmgma.com
 - c. Drop off your form at _____
 - d. ***DO NOT INTEROFFICE MAIL the form***
2. This request will be reviewed by HR, the Medical Director, and outside counsel. An allergist may be involved in the review.
3. You will be notified of the decision of the review regarding your requested exemption. We will arrange or coordinate vaccination if needed.
4. If a medical exemption is granted, you will be required to wear a surgical mask at all times, except when in a room alone, or when eating or drinking, in which case, you must be 6 feet apart from all other people. You will be required to wear eye protection (face shield or goggles) when working directly with patient or coming within 6 feet of patients. You will be required to get screening COVID-19 PCR tests at regular intervals. In certain areas, where patients are exceptionally vulnerable, Valley Medical Group may not be able to reasonably accommodate unvaccinated employees.
5. If the medical exemption is denied, you will be required to be vaccinated.