



COVID-19 Vaccination Medical Exemption Request Form

Open Arms Free Clinic (O AFC) requires all staff members (defined as employees, volunteers, and students) to comply with O AFC's COVID-19 Vaccination Policy. If you have a medical reason that you believe prevents you from complying with the COVID-19 Vaccination Policy, you must submit this completed form. The exemption request will be reviewed by the Executive Director, Medical Director and a Board Member(s) with a medical background. If your request is approved, you will be medically exempt from the applicable requirements described in the COVID-19 Vaccination Policy, unless the medical reason is situational, in which case a deferral will be granted. If your request is denied, you will be required to fully comply with O AFC's COVID-19 Vaccination Policy as a condition of your continued employment with O AFC. You may submit an appeal of the denial within five (5) business days of denial notification.

How do I apply for a medical exemption?

- 1) Complete the COVID-19 Vaccination Medical Exemption Request Form (attached).**
 - a) Complete Section 1 and take the form to your health care provider (MD/DO, NP, or PA).
 - b) Your health care provider must complete Section 2.
 - c) Providers are not able to complete a medical exemption for themselves.
- 2) Submit supporting documentation of the medical reason for the exemption.** These records may include office, hospital, or emergency department records and may include any of the following:
 - a) Medical documentation of a severe/life-threatening allergy (e.g., anaphylaxis) to a previous dose or to a component of the COVID-19 vaccine.
 - b) Medical documentation of an immediate allergic reaction (occurring within 4 hours of administration) of any severity, to a previous dose, or known allergy to a component of the vaccine (e.g., hives).
- 3) Examples of bases for medical exemption requests that will likely be denied:**
 - a) Egg allergy – eggs are not used in the manufacturing of COVID-19 vaccines
 - b) Vegan diet – animal products are not used in the manufacturing of COVID-19 vaccines
 - c) Immunocompromised – COVID-19 vaccines are not made from live viruses. Vaccination in immunocompromised persons is strongly encouraged.
 - d) Mild or nonspecific, non-allergy symptoms following previous COVID-19 vaccination (e.g., fever, arm soreness, diarrhea, fatigue)
 - e) Panic attack, anxiety, vasovagal reaction to a previous dose of a COVID-19 vaccine
 - f) Recent vaccine administration – vaccines can be received concurrently based on CDC recommendations.
 - g) Food and/or environmental allergies
 - h) History of Guillain-Barre syndrome – this has been associated only with the Johnson & Johnson vaccine – Pfizer and Moderna vaccines are available.



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- 4) Examples of bases for medical exemption requests that will likely be deferred**, which allow for temporary delays in receiving vaccines:
- a) Myocarditis or pericarditis after a first dose of Pfizer or Moderna vaccine
 - b) Current COVID-19 infection – vaccination should be deferred until the person has recovered from acute illness and no longer requires isolation
 - c) Received monoclonal antibodies or convalescent serum as treatment for COVID-19 infection – vaccination should be deferred until after recovery and 90 days after receiving.
 - d) History of multisystem inflammatory syndrome MIS-C (children) or MIS-A (adults) – vaccination should be deferred until recovery and 90 days from date of diagnosis

5) Appeals

A staff member who is denied a request may file an appeal with the Executive Director within 5 days of denial notification.

6) If the request is approved the applicant must:

- a) Comply with OAFc guidance on PPE use
- b) Comply with OAFc guidance on travel and testing requirements
- c) Must complete daily COVID-19 symptom screening process prior to contact with patients, students or volunteers.
- d) Comply with the applicable testing and/or face covering requirements in OAFc's COVID-19 Vaccination Policy.

IMPORTANT NOTICE ABOUT GINA

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you do not provide any genetic information when responding to this request for medical information. `Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.



COVID-19 Vaccination Medical Exemption Request Form

SECTION 1: To be completed by the staff member.

Name	
Date of Birth	
Phone number	
Email Address	
Role: (Employee, volunteer, student)	

Verification and Accuracy

I verify that the information I am submitting in support of my request for an accommodation is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action.

I also understand that my request for an accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace and/or to me, or if it creates an undue hardship on _____. I understand that this is a temporary accommodation that may be revoked or changed as circumstances change.

Exemption Requestor Signature: _____

Date: _____

Print Name: _____



Section 2: To be completed by a healthcare provider.

Attention Medical Provider:

_____ requires a COVID-19 vaccination as a condition of employment. The above-named employee is requesting an exemption from this vaccination requirement. A medical exemption from the COVID-19 vaccination may be allowed for certain recognized contraindications.

Please complete the form below. Should you have any questions, please contact: Sara Nichols, Executive Director at (262) 379-1401 or exec_director@openarmsfreeclinic.org.

STEP 1: Select the reason(s) for medical Exemption

- Severe and/or life-threatening allergy (e.g., anaphylaxis) to a previous dose or to a component of a COVID-19 vaccine
- Immediate allergic reaction of any severity (occurring within 4 hours of administration) to a previous dose or to a component of a COVID-19 vaccine (e.g. urticaria).
- Temporary exemption related to: _____.
- Other: Please provide detailed information describing the nature of the medical exemption request:

STEP 2: Attach medical record documentation of exemption reason.

I certify that _____ has the above contraindication and request a medical exemption from: _____

Provider Name (print): _____ License Number _____

Address: _____ Phone: _____

Signature: _____ Date: _____



Section 4: To be completed by individuals reviewing.

Date this Request Form Received: _____

Interactive Discussion Date(s) if applicable:

Exemption/Accommodation granted? Yes _____ No _____

Describe Exemption/Accommodation:

If Exemption/Accommodation granted, list required alternative safety precautions required:

If Exemption/Accommodation not granted, explain why not:

Name of Representative: _____

Signature of Representative: _____

Date: _____