

Mandatory Vaccination (COVID and influenza) Medical Exemption Form

Medical Exemption: Per RSFH policy, a medical exemption may be granted to accommodate disabilities and for medical criteria consistent with those published by public health authorities and/or the Centers for Disease Control (CDC).

Directions: This form must be fully completed by the RSFH Workforce Member and a licensed provider - physician, physician's assistant or nurse practitioner - and uploaded to the Exemption Portal (www.rsfh.com/exemption) by the published deadlines for RSFH to consider the medical exemption. While RSFH will carefully review all requests for medical exemptions, approval is not guaranteed. Requests for exemptions will be considered on a case-by-case basis, and may be granted if they meet the criteria, do not pose an undue hardship on RSFH or pose a direct threat to the health and safety of others.

RSFH Workforce Member's Name: _____

RSFH Workforce Member's Signature: _____ Date: _____

1. Check which this applies to: Influenza; COVID-19; or Both

MEDICAL CERTIFICATION (completed by your licensed provider)

2. For COVID-19 - I certify that (insert patient name) _____ meets one or more of the following medical criteria that would prevent him/her/them from receiving the COVID vaccination: (check all that apply):

Severe allergic reaction to Polyethylene Glycol, Polysorbate, a prior COVID-19 vaccine or other vaccine leading to include anaphylaxis requiring epinephrine treatment or treatment in a hospital, hives, swelling or respiratory distress.

Another qualifying temporary or permanent medical condition for which you recommend your patient not receive the vaccination. **Please describe (and identify the date the temporary condition should resolve, if applicable):**

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3. **For Influenza - I certify that (insert patient name) _____ meets one or more of the following medical criteria that would prevent him/her/them from receiving the Influenza vaccination: (check all that apply):**

Allergy to chicken eggs, egg products or to other components of the influenza vaccine.

History of Guillain-Barré Syndrome within 6 weeks of receiving an influenza vaccine.

Another qualifying temporary or permanent medical condition for which you recommend your patient not receive the vaccination. **Please describe (and identify the date the temporary condition should resolve, if applicable):**

4. **Provider Signature:**

Check one: I am a licensed Physician; Physician's Assistant; or Nurse Practitioner

Provider's Printed Name: _____ Phone: _____

Provider's Official's Signature: _____ Date: _____

5. **Completed Forms:**

- a. **Employed RSFH Workforce Member:** Upload Completed Form to the RSFH Exemption Portal (www.rsfh.com/exemption) for consideration by the published deadline.
 - b. **Non-Employed RSFH Workforce Member:** Follow the directions of your employer regarding submission and/or maintain this documentation as support for your Vaccination Attestation.
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