

REQUEST FOR A MEDICAL EXCEPTION TO THE CMS COVID-19 VACCINATION REQUIREMENT

Healthcare personnel may request an exemption from the COVID-19 vaccination requirements based on applicable Federal law, including the Americans with Disabilities Act (ADA) and Title VII of the Civil Rights Act of 1964. Exemption documentation will be forwarded to Human Resources.

For staff members who request a medical exemption from vaccination, all documentation confirming recognized clinical contradictions to COVID-19 vaccines, and which supports the healthcare personnel's request, must be signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws.

The documentation must contain all information specifying which of the authorized COVID-19 vaccines are clinically contradicted for the healthcare personnel to receive and the recognized clinical reasons for the contradictions; and a statement by the authenticating practitioner recommending that the healthcare personnel be exempt from the company's COVID-19 vaccination requirements based on the recognized clinical contradictions. The physician statement must contain the below information:

As the treating physician for _____ (patient name), I recommend one of the following is true, therefore, precluding COVID-19 vaccination by use of: Moderna/Pfizer/Johnson & Johnson (circle one or more).

(check one or more):

_____ Myocarditis or pericarditis occurred after a dose of an mRNA COVID-19 vaccine, should defer receiving a subsequent dose unless otherwise approved by a licensed practitioner.

_____ Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to component of the COVID-19 vaccine

_____ Immediate (within 4 hours of exposure) allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine

Physician Signature

Date

Physician Name

License #

REQUEST FOR A RELIGIOUS EXCEPTION TO THE COVID-19 VACCINATION REQUIREMENT

Government-wide policy requires healthcare employees to be vaccinated against COVID-19, with exceptions only as required by law. In certain circumstances, an employee who has a religious objection to the COVID-19 vaccination requirement may qualify for an exception from that requirement, in which case the employee would instead comply with alternative health and safety protocols.

Guardian is committed to respecting the important legal protections for religious liberty. In order to request a religious exception, please fill out this form. The purpose of this form is to start the accommodation process and help determine whether you may be eligible for a religious exception.

You do not need to answer every question on the form to be considered for a religious exception, but we encourage you to provide as much information as possible to enable the organization to evaluate your request. Where there is an objective basis to do so, the organization may ask you for additional information as needed to determine if you are legally entitled to an exception. Objections to COVID-19 vaccinations that are based on non-religious reasons, including personal preferences or non-religious concerns about the vaccine, do not qualify for a religious exception.

Several factors are considered in assessing whether a request for an exception is based on a sincerely held religious belief, including whether the employee has acted in a manner inconsistent with their professed belief. But no one factor is determinative. An individual's beliefs—or degree of adherence—may change over time and, therefore, an employee's newly adopted or inconsistently observed practices may nevertheless be based on a sincerely held religious belief. All requests for a religious exception will be evaluated on an individual basis.

Signing this form constitutes a declaration that the information you provide is, to the best of your knowledge and ability, true and correct. Any intentional misrepresentation may result in termination of employment.

QUESTIONS:

1. Please describe the nature of your objection to the COVID-19 vaccination requirement.
2. Would complying with the COVID-19 vaccination requirement substantially burden your religious exercise or conflict with your sincerely held religious beliefs, practices, or observances? If so, please explain how.
3. Please provide any additional information that you think may be helpful in reviewing your request. For example:
 - How long you have held the religious belief underlying your objection
 - Whether your religious objection is to the use of all vaccines, COVID-19 vaccines, a specific type of COVID-19 vaccine, or some other subset of vaccines
 - Whether you have received vaccines as an adult against any other diseases (such as a flu vaccine or a Tetanus vaccine)

I declare to the best of my knowledge and ability that the foregoing is true and correct.

Print Name: _____

Signature: _____

Date: _____