



Hwy.82 East · 1015 Unity Road · P.O. Box 400 · Crossett, Arkansas 71635 · 870-364-4111 · Fax 870-364-1245

Medical Exemption Request

REVISED: 11/17/2021

This form relates to your request for an accommodation/exemption from the CMS COVID-19 vaccination requirement. COVID-19 is a highly communicable, infectious, and serious disease that can lead to hospitalization and sometimes even death. Anyone can get COVID-19, including people who are otherwise healthy. Requiring vaccination against COVID-19 demonstrates our commitment to protect the safety and health of our employees, visitors, and our patients, many of whom may have weakened immune systems, as well as our own families.

Individuals requesting a medical accommodation must complete this form per the instructions below. In order to qualify for the exemption, employees are required to provide a written and signed statement below objecting to immunization due to medical reasons.

INSTRUCTIONS:

- If you are seeking a **medical accommodation**, you must complete and submit the form to your licensed healthcare provider (physician or RNP). Your licensed healthcare provider must complete, sign, date and return the form to you before you submit the request.
- You must then submit the completed request form to the Chief Compliance Officer.
- Upon review of the completed form and documentation, you will be notified of the decision regarding your requested accommodation.
- All incomplete forms will be denied for requested accommodation.

PART 1 – MEDICAL ACCOMMODATION REQUEST:

Name

Date of Request

Position

Department (if applicable)

Please provide the qualifying medical condition that a medical provider considers a contraindication to the COVID-19 vaccine, consistent with CDC guidance (Use space below and additional sheet(s) as needed). Also include any alternate accommodations you are requesting which you believe might address your needs.

(Please ensure your healthcare provider completes Part 2 of this form.)

This exemption applies to: (check all that apply)

- Pfizer-BioNTech Vaccine
- Moderna TX, Inc. Vaccine
- Janssen/Johnson & Johnson Vaccine

I certify that Patient has the above contraindication and recommend that they not receive the COVID-19 vaccination as a result of the above contraindication.

Healthcare Provider's Name (please print)

Specialty

Street Address

City, State, Zip

Healthcare Provider's Signature

Date

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 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.