Community HealthCare System
NE Kansas

Request for Medical Exemption from the 2021-2022 Community HealthCare System COVID-19 Vaccination Requirement

Please print

Last Name:	First Name:	Today's Date:

[ ] I am requesting a **MEDICAL EXEMPTION** for the COVID-19 vaccine. I have included medical documentation with this form. Medical Exemptions will be reviewed by a panel and they will make determinations based on evidenced provided by the associate.

COVID-19 Vaccination is mandated by CMS for all CHCS Associates. The following are reasons I am requesting a COVID-19 vaccination exemption: (check which one applies)

- ☐ Severe allergic reaction after a previous dose of any COVID-19 vaccine or to a COVID-19 vaccine component; must provide supporting medical documentation of the reaction. Employee Health Medical Director and Employee Health Nurse will review requests. Specify to which vaccine you had the allergic reaction.
- ☐ Healthcare workers who were treated for COVID-19 with monoclonal antibodies or convalescent plasma should wait 90 days after their last treatment before getting a COVID-19 vaccine. In these cases, the healthcare worker shall submit a Medical Exemption Request and attach proof of a previous monoclonal infusion or convalescent plasma to Employee Health by the deadline date. The healthcare worker will need to comply with policy when eligible.
- ☐ History of Guillain-Barre Syndrome, or GBS, within 6 weeks of previous vaccination.
- ☐ OTHER: _____

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_____

Medical Provider's signature: _____ Date: _____

(Have your medical provider complete the above section)

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The information provided on this form is complete and accurate. I acknowledge that Community HealthCare System has offered me the COVID-19 vaccination at no cost. I understand the COVID-19 immunization is the most effective way to prevent the spread of infection and its complications to and from patients, co-workers, family members, and other close contacts.

I have read and fully understood the information on this form, and I understand:

- **If I receive an approved exemption from this mandatory requirement, I understand that I will be required to follow accommodation requests from my employer.**
- I can change my mind at any time and accept the COVID-19 vaccination if vaccine is still available.

Associate's Signature:	Date:
Medical Director Signature:	Approved [ ] Not Approved [ ] Date: