

COVID-19 Medical Exemption/Disability Accommodation Form - rev 4-23-22

For use in California Only

Verified Professional Information—To be completed by self only (delegates may not sign for the VPro)

Verified Professional's Printed Name		Date	Month	Day	Yr
3-4 ID: <i>if applicable</i>					

INSTRUCTIONS: Carefully read information below regarding masking expectations of you when accessing HCA Healthcare sites. Your completion of this form and your signature is required wherever noted on this form. Incomplete forms, will be rejected. We appreciate your understanding and cooperation with this patient safety compliance initiative.

HCA Healthcare and HealthTrust Workforce Solutions Verified Professionals strongly recommends that all healthcare workers receive the COVID-19 vaccination series. However, if you have been granted an exemption, there are specific requirements that must be adhered to while in the clinical setting.

- Protect yourself and others by maintaining distance from others whenever possible.
- Approved Exemption HCW's **must wear** an approved respirator in any clinical areas when community transmission levels are high*.
 - Respirator: A respirator is a personal protective device that is worn on the face, covers at least the nose and mouth, and is used to reduce the wearer's risk of inhaling hazardous airborne particles (including dust particles and infectious agents), gases, or vapors. Respirators, including those intended for use in healthcare are certified by the CDC/NIOSH.
 - Guidance for non-fit-tested N-95 Respirators can be found using the link in Resources section of this email communication.
 - *Respirators are the highest form of respiratory protection in clinical care and are recommended by the CDC as a source-control measure for HCW's who are not vaccination from COVID-19.
- It is recommended that unvaccinated healthcare workers not care for immunocompromised patients.
- Unvaccinated and fully vaccinated healthcare workers should continue to universally mask with medical grade masks while at work for source control, maintain appropriate physical distancing while interacting with coworkers, and follow the recommended transmission-based precautions while caring for patients or residents.
- If you are feeling ill, please stay home. Do not report to work if you have any signs consistent with COVID-19 (measured or subjective fever) or symptoms (e.g., cough, shortness of breath, sore throat, muscle aches, headache, loss of taste or smell). If you develop fever or respiratory symptoms at work, isolate yourself immediately, leave work and report symptoms to your supervisor or occupational health services before departure.
- Refer to your facility policy for specific guidance.
- Local/State regulations supersede this guidance **if** more stringent.
- Even after receiving an exemption approval, you may decide to receive your vaccination. Please visit <http://www.vaccines.gov> to find a vaccination location near you.
- Should you receive your COVID-19 vaccination, you may upload the documentation at www.hwsverified.com.

Signature by Verified Professional		Date	Month	Day	Yr
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- Please note, as a part of the exemption quality process, a secondary review of your exemption request may occur, and you may be contacted for additional follow-up.
- If your request form is denied, you will be informed.

Resources:

- OSHA - Protecting Workers: Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace- <https://www.osha.gov/coronavirus/safework>
- CDC – COVID-19 - <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- CDC – Clinical Care Information for COVID-19 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care.html>
- CDC – Infection Control <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

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<u>Medical Exemption/Disability Accommodation</u>	
<p>If you wish to claim a medical exemption from mandatory vaccination, please sign the attestation below.</p> <p><i>I have a medical condition or disability that prevents me from taking any of the COVID-19 vaccines authorized by the FDA. To be eligible for this exemption, I understand that I must provide to my employer (or to the facility where I volunteer or otherwise work) a written statement signed by a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician, that I qualify for the exemption and indicating the probable duration of my inability to receive the vaccine (or indicating that the duration is unknown).</i></p>	
<u>Verified Professional's Signature (above)</u>	<u>Date (above)</u>
<u>Verified Professional's Printed Name (above)</u>	3-4 ID if applicable

**HEALTHCARE PROVIDER STATEMENT
SUPPORTING DECLINATION OF MANDATORY COVID-19 VACCINATION**

I am a (mark one)

	Physician
	Nurse Practitioner
	Other licensed medical professional practicing under the license of a physician
	Explain:

By completing and signing this form, I certify that my patient identified below has a medical condition or disability that prevents them from being able to receive any FDA-authorized vaccine for COVID-19. *NOTE – Do not state the nature of the underlying medical condition or disability.*

Healthcare Provider Information – *All sections of this form must be completed by the healthcare provider*

Healthcare Provider Printed Name:		License Number:	
Healthcare Provider Signature:			
Physical address (No P.O. Box)			
Phone Number:			

Anticipated duration of medical condition or disability (or state duration if unknown)			
Month	Date	Year	
If anticipated date is unknown, state <u>duration unknown</u>. Fill in this section.			