



Request for Accommodation Medical Exemption from the Company's COVID-19 Vaccination Requirement

The Company is committed to providing and maintaining a workplace that is free of known hazards and has implemented a mandatory COVID-19 vaccine policy as the COVID-19 pandemic continues to pose a direct threat to the health and safety of our employees and their families, our visitors, and the community at large.

The COVID-19 vaccination is recommended for the vast majority of people. The Company recognizes that an individual's medical circumstances may raise a contraindication to getting the vaccine, as determined by a health care provider. Employees requesting exemption due to medical contraindication must fully complete this form, provide documentation to support the exemption request and return this form and the supporting documentation to Sovah@LPNT.net. The supporting documentation must include certification from a health care provider specifying which of the authorized COVID-19 vaccines (i.e., J&J, Moderna, Pfizer-BioNTech) are clinically contraindicated for the employee and the recognized clinical reasons for such contraindications.

The Company reserves its right to request additional information in support of your request for an accommodation, and will comply with all applicable laws in determining whether it is able to accommodate your request without undue hardship to the Company of a direct threat to the health and safety of others in the workplace and/or the requesting employee.

EMPLOYEE SECTION

Employee Name (print):	Department:
Supervisor Name:	Job Title:
Email:	3/4 ID:
Work/Cell Phone:	

Employee Request for Medical Exemption:

I am requesting an exemption from the Company's mandatory COVID-19 vaccination policy because of my individual medical circumstances that preclude me from receiving this vaccine. I will contact my health care provider and provide him or her with the attached Medical Certification Form, which I will return to the Company within 15 calendar days of submitting this request. I will let the Company know immediately if for some reason I cannot meet this deadline.

Verification

By signing below, I hereby certify that the statements and information provided above and below and in furtherance of my request for exemption based on my medical contraindication are true and accurate. I understand that any intentional misrepresentation contained in this request may result in disciplinary action, up to and including termination of employment. I understand that my request for accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of myself and/or others in the workplace, or if it creates an undue hardship for Sovah Health.

Employee Signature: _____ **Date:** _____

PRINT Employee's Name: _____



Please describe in detail how the medical impairment(s) renders the employee unable to comply with the Company's requirement that employees be fully vaccinated against COVID-19 due to the clinical contraindications for the above-listed vaccines:

This vaccination exemption should be:

- € Temporary, expiring on: ___/___/_____, or when _____
- € Indefinite

Are there accommodations that will reduce or eliminate the threat of injury/harm posed to the employee's own health and/or safety – or the health/safety of others in the workplace – while the employee is at work given that the employee is not fully vaccinated against COVID-19?

- Yes No

If you answered "Yes," please describe all such accommodations in detail and explain how these accommodations will reduce or eliminate the threat:

CERTIFICATION

By signing below, I certify that the answers provided in response to the above questions are based on my own personal knowledge of the relevant medical facts from my own examination of the patient/employee, and/or based on my own review of the relevant medical documentation, and my answers represent my professional medical opinion.

Health Care Provider Name (print):	
Health Care Provider Signature:	Date:
Health Care Practice & Address:	Phone:
Health Care Specialty or Type of Practice:	Fax Number:



Request for Accommodation: Religious Exemption from COVID-19 Vaccination Requirement

Based on your services to Sovah Health, which is covered by the CMS vaccine mandate, you are expected to have either received the single-dose Johnson & Johnson/Janssen COVID-19 vaccine or the first dose in a two-dose series (Pfizer or Moderna) by **December 6, 2021**, to continue providing your services. Individuals must receive the second dose in a two-dose series by **January 4, 2022**.

I am requesting an exemption from the vaccine requirement as a reasonable accommodation due to a sincerely held religious belief, practice or observance that prevents me from obtaining COVID-19 vaccination.

Management reserves its right to request additional information in support of your request for an accommodation and will comply with all applicable laws in determining whether it is able to accommodate your request.

By signing below, I hereby certify that my request for accommodation is truthfully based on my sincerely held religious belief, practice or observance. I understand that any intentional misrepresentation contained in this request may result in disciplinary action, up to and including termination of employment.

Employee Name (print):	Department:
Supervisor Name:	Job Title:
Email:	3/4 ID:
Work/Cell Phone:	

Employee signature: _____

Date: _____

FOR HR USE ONLY

Date of Initial Request	
Exemption Request Approved or Denied	
Reason Exemption was Approved or Denied	
Date of Employee Notification of Determination	
HR Follow-Up Date (If Any)	
Human Resources Representative Name	