

**EMPLOYEE REQUEST FOR MEDICAL EXEMPTION FROM COVID-19 VACCINATION REQUIREMENT,  
 PROVIDER CERTIFICATION AND REASONABLE ACCOMMODATION FORM**

This form is for RRH employees seeking an exemption from the vaccine requirement and a reasonable accommodation based on medical reasons. Please submit the completed form via email to [Accommodations@RochesterRegional.org](mailto:Accommodations@RochesterRegional.org).

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**TO BE COMPLETED BY EMPLOYEE**

1. Print Name:	2. Date of Request:
3. Employee Number:	4. Current Position:
5. Preferred Email Address:	6. Preferred Phone Number:
7. Affiliate:	8. Department:
9. Manager:	

By signing below, I am acknowledging:

- I have been given the opportunity to be immunized with the COVID-19 vaccine at no charge.
- I am requesting a reasonable accommodation based on medical reasons in place of the COVID-19 vaccination. This request is necessary and based on advice I have received from the below health care provider.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**TO BE COMPLETED BY EMPLOYEE'S HEALTHCARE PROVIDER (licensed physician or certified nurse practitioner)**

The person listed above has requested a reasonable accommodation based on medical reasons in place of receiving the COVID-19 vaccination. The New York State Department of Health requires that a licensed physician, certified nurse practitioner or physician's assistant certify that immunization with the COVID-19 vaccine would be detrimental to the health of the person listed above, based upon a pre-existing health condition, and must be in accordance with generally accepted medical standards.

When answering the following questions please keep in mind the current CDC medical considerations for COVID-19 vaccination exemption:

- Severe allergic reaction (e.g., anaphylaxis, toxic epidermal necrolysis, angioedema, respiratory distress) after a previous dose or to a component of the COVID-19 vaccine.
- Immediate allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine.

If a significant COVID vaccine allergy is diagnosed, providers can consider two alternatives before concluding that the allergy constitutes a medical exemption.

- Obtain an allergy and immunology consultation.
- Offer another vaccination class. Vaccine cross-reactivity between the mRNA and adenovirus-based vaccines is not reported and provides an opportunity to achieve vaccination despite an allergy.

Pregnancy is not an automatic medical exemption for COVID-19 vaccination. The CDC, the American College of Obstetricians & Gynecologists (ACOG) and the Society for Maternal-Fetal Medicine (SMFM) recommend that all pregnant individuals be vaccinated against COVID-19. Providers should discuss COVID-19 vaccination with their pregnant patients and determine together if the vaccination meets the exemption criteria or not.

In accordance with New York State Department of Health requirements, please answer the following questions:

1. Would COVID-19 vaccination be detrimental to the person listed above?  Yes  No
2. If yes, does the person listed above have a specific pre-existing health condition?  Yes  No
3. What is the date of onset of the pre-existing health condition? \_\_\_\_\_
4. Is the pre-existing health condition permanent?  Yes  No
5. If not permanent, what is the length of time the pre-existing health condition will impact the decision for vaccination?  
\_\_\_\_\_
6. Which vaccine may be detrimental to the employee based on a pre-existing health condition? \_\_\_\_\_
7. Please describe below in detail the reason the person listed above should receive an exemption from the New York State COVID-19 vaccine mandate, including the nature of the specific pre-existing health condition.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFIED:**

\_\_\_\_\_  
(Signature of Health Care Provider)

Name of Health Care Provider: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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**FOR INTERNAL USE BY COMMITTEE**

Date Reviewed: \_\_\_\_\_

Exemption Decision:  Approved  Denied

Date of Decision: \_\_\_\_\_

Reason for Denial:

- Request not timely.
- Request not complete.
- Employee is not mandated.
- Other (please specify): \_\_\_\_\_