



Request for Medical Exemption/Temporary Delay

Carolina Family Health Centers, Inc. (CFHC, Inc.) policy requires all employees to be fully vaccinated for COVID-19 as a condition of employment or contract, with exceptions as required by law. CFHC, Inc. maintains a process by which an employee may request a medical exemption, including a temporary delay, from the COVID-19 vaccination requirements. Certain allergies and recognized medical conditions may provide grounds for exemption or temporary delay. CFHC, Inc. is required to provide reasonable accommodations for approved exemptions unless providing an accommodation would pose an undue hardship on the operation of CFHC, Inc.'s business.

Employees who wish to seek a medical exemption or temporary delay to the vaccination requirement do so by completing the form below including having their medical provider complete the appropriate sections. A request for medical exemption must be based on Centers for Disease Control and Prevention (CDC) informational document, *Summary Document for Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States*, accessed at <https://www.cdc.gov/vaccines/covid-19/downloads/summary-interim-clinical-considerations.pdf>. A request for temporary delay must be based on the CDC information document or due to current pregnancy, breastfeeding, COVID-19 diagnosis in the last ninety (90) days, or recommendation by a licensed practitioner for additional testing. To be considered for a medical exemption or temporary delay, employees must submit this completed form to the Human Resources Department. Medical exemptions or temporary delay requests submitted to the Human Resources Department that are not on the required form will not be considered. All requests will be evaluated on a case-by-case basis. CFHC, Inc. may also ask for clarifying information, as needed.

Employees with pending or approved exemption requests are subject to additional precautions as they are not deemed fully vaccinated for COVID-19. The Human Resources Department will notify employees regarding the additional precautions.

Signing this form constitutes a declaration that the information you provide is true and correct to the best of your knowledge and ability. Any intentional misrepresentation may result in disciplinary action, up to and including termination of employment or contract.

To request a medical exemption or temporary delay from the COVID-19 vaccination requirement using this form:

1. You must complete Part 1 of this form.
2. Your medical provider must complete Part 2 of this form.
3. When both sections are completed, submit the form to the CFHC, Inc. Human Resources Department.

Part 1 – To be completed by the Employee		
Employee name:		Date of request:
Location:		Department:
Position:	Supervisor:	Phone number:

Medical exemption or temporary delay request:
<p>I am requesting a:</p> <p><input type="checkbox"/> Medical exemption to the COVID-19 vaccination requirement based on the CDC recognized clinical contraindications.</p> <p><input type="checkbox"/> Temporary delay to the COVID-19 vaccination requirement based on the CDC recognized medical circumstances to temporarily defer or based on medical circumstances as outlined in the CFHC, Inc. policy.</p> <p>My request is based on the following medical condition(s): _____</p> <p>Please read and initial next to each of the statements below:</p> <p>— I have read and understand CFHC, Inc.'s Employee Health Standard policy requiring COVID-19 vaccination as a condition of employment or contract.</p> <p>— I understand and assume the risks of not receiving the COVID-19 vaccination.</p> <p>— I understand that I must comply with the additional precautions as outlined by the Human Resources Department while my request is pending.</p> <p>— I understand that an approved medical exemption will expire when the medical condition(s) contraindicating COVID-19 vaccination changes in a manner which permits vaccination.</p> <p>— I understand that an approved temporary delay is temporary, and I will comply with the COVID-19 vaccination policy after the specified time frame.</p> <p>— If required, I authorize my licensed health care provider to present CFHC, Inc. with medical information about my medical exemption for the COVID-19 vaccination.</p> <p>— I certify that the information I have provided in connection with this request is accurate and complete as of the date of this submission. I understand this exemption may be revoked and I may be subject to termination if any of the information I provided in support of this exemption is false.</p>
Employee signature:
Date:

Part 2 – To be completed by the Employee’s Medical Provider**Employee name:****Employee date of birth:***Dear Medical Provider:*

Carolina Family Health Centers, Inc. (CFHC, Inc.) requires its employees to be fully vaccinated against COVID-19 pursuant to the Centers for Medicare and Medicaid Services’ Omnibus COVID-19 Health Care Staff Vaccination requirements (42 CFR 491.8). The individual named above is seeking a medical exemption or temporary delay to the COVID-19 vaccination requirement due to a medical circumstance. Please complete this form to assist CFHC, Inc. in its reasonable accommodation process. If you have questions about completing this form, please contact CFHC, Inc.’s Human Resources Department at 252-293-0013.

Please complete **Part A** of this form if the employee has a clinical contraindication to receiving any COVID-19 vaccine. With regard to recognized clinical contraindications, refer to the Centers for Disease Control and Prevention (CDC) informational document, *Summary Document for Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States*, accessed at <https://www.cdc.gov/vaccines/covid-19/downloads/summary-interim-clinical-considerations.pdf>.

Please complete **Part B** of this form if the employee has a medical circumstance that necessitates a temporary delay in receiving the COVID-19 vaccination. In addition to the CDC recognized reasons for deferral, CFHC, Inc. allows for temporary delays due to: (1) pregnancy, (2) breastfeeding, (3) COVID-19 diagnosis within the last ninety (90) days, or (4) licensed practitioner recommending additional testing before COVID-19 vaccination.

Part A - Qualifying medical condition that contraindicates vaccination:

- ☐ I certify that one or more of the clinical contraindications recognized by the CDC applies to the patient listed above. I recommend that the patient be exempted from CFHC, Inc.’s vaccination requirements based on the recognized clinical contraindications.

Description of the medical condition for which the patient listed above should be exempted from complying with the COVID-19 vaccination requirement:

Part B - Qualifying medical condition that necessitates a temporary delay in vaccination:

- ☐ I certify that that the patient listed above has a medical circumstance that necessitates a temporary delay in vaccination. The patient has one or more of the CDC recognized reasons for deferral, is pregnant, is currently breastfeeding, has been diagnosed with COVID-19 within the last ninety (90) days, or I am recommending the patient obtain additional testing before COVID-19 vaccination. I recommend that the patient be temporarily delayed from CFHC, Inc.'s vaccination requirements based on the recognized medical circumstance(s).

Description of the medical circumstance for which the patient listed above should be temporarily delayed from complying with the COVID-19 vaccination requirement:

The condition(s)/circumstance(s) described above are:

- ☐ Temporary
☐ Long-term

If this is a temporary condition or medical circumstance, when is it expected to end or expire (allowing for COVID-19 vaccination to begin after the date provided):

Medical Provider Information:

Medical Provider name:

Specialty:

Practice name:

License number:

Address:

Phone number:

Medical Provider signature:

Date: