

REQUEST FOR A MEDICAL EXEMPTION TO THE COVID-19 VACCINATION
REQUIREMENT

Team members may seek a legal exemption to the current vaccination requirement, due to a disability, using the form below. Requests for “medical accommodation” or “medical exemption” will be treated as requests for a disability accommodation.

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 to Carespring may result in legal consequences, including termination.

1. Complete your information at the top of the form.
2. Your medical provider must complete the information in the table.
3. When both are completed, please bring to the facility BOC-Business Office Coordinator to send to Carespring for review.

CDC Reference for Clinical Considerations NOT CONSIDERED AN EXEMPTION for Vaccination.

<https://www.cdc.gov/vaccines/covid-19/downloads/summary-interim-clinical-considerations.pdf>

- Persons with prior or current COVID-19- COVID-19 vaccines can be given safely to people with prior SARS-CoV-2 infections.
(<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>)
- Pregnant or breastfeeding people or people trying to get pregnant are recommended to receive a COVID-19 vaccine primary series, additional dose (if indicated) and booster dose, in form of risk of TTS after receipt of Janssen (Johnson & Johnson) COVID-19 Vaccine and the availability of other options.

CDC Reference for Clinical Considerations for a DELAY in the Vaccination.

<https://www.cdc.gov/vaccines/covid-19/downloads/summary-interim-clinical-considerations.pdf>

- Persons who received monoclonal antibodies or convalescent plasma for COVID-19 treatment should **defer for at least 90 days**.
- Person with current COVID-19 infection-defer vaccination until person has recovered from the acute illness and criteria have been met for them to discontinue isolation.

CDC Reference for Clinical Consideration for CONTRAINDICATION and Precautions to Vaccination.

<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#Contraindications>

CDC considers a history of the following to be a contraindication to vaccination with COVID-19 vaccines

- Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine¹
- Known diagnosed allergy to a component of the COVID-19 vaccine

Severe allergic reactions include

- Possible anaphylaxis, a progressive life-threatening reaction that typically includes urticaria but also with other symptoms such as wheezing, difficulty breathing, or low blood pressure (see [Appendix D](#))
- Any angioedema affecting the airway (i.e., tongue, uvula or larynx)
- Diffuse rash which also involves mucosal surfaces (e.g., Stevens-Johnson Syndrome)

¹Note that since egg-free vaccine is available, history of egg allergy will not be accepted as a routine medical exemption.

To be Completed by the Team Member	
Team Member Name	Nursing Home/Skilled Nursing Facility Employment Location
Team Phone Number	Team Member Email
To be Completed by the Team Member's Medical Provider	
Medical Certification for COVID-19 Vaccine Exception	
Dear Medical Provider:	
<p>The Centers for Medicare and Medicaid Services (CMS) requires nursing home/skilled nursing team members to be fully vaccinated against COVID-19. CMS allows team members to seek a legal exception to the current vaccination requirement, due to a disability, using the form below. Requests for “medical accommodation” or “medical exceptions” will be treated as requests for a disability accommodation. The information will be treated confidentially and only shared with those who have a need to know. To the extent possible, please refrain from sharing any family medical history. We are only concerned with the named individual’s own condition.²</p> <p>The individual named above is seeking a medical exception to the requirement for COVID-19 vaccination or a delay because of a temporary condition or medical circumstance. Please complete this form to assist the nursing home/skilled nursing facility in its reasonable accommodation. If you have questions about completing this form, please contact Amanda Yauger, Carespring Corporate Compliance Officer, at 513-943-4000 x108 or amanda.yauger@carespring.com.</p> <p>Please provide at least the following information, where applicable:</p> <ol style="list-style-type: none"> 1. The applicable contraindication or precaution for COVID-19 vaccination, and for each contraindication or precaution, indicate: (a) whether it is recognized by the CDC pursuant to its guidance; and (b) whether it is listed in the package insert or Emergency Use Authorization factsheet for each of the COVID-19 vaccines authorized or approved for use in the United States; 2. A statement that the individual’s condition and medical circumstances relating to the individual are such that COVID-19 vaccination is not considered safe, indicating the specific nature of the medical condition or circumstances that contraindicate immunization with a COVID-19 vaccine or might increase the risk for a serious adverse reaction; and 3. Any other medical condition that would limit the team member from receiving any COVID-19 vaccine. 	
Description of the medical condition for which the team member listed above should be exempted from complying with a COVID-19 vaccination requirement:	
<p>The condition described above is: Temporary <input type="checkbox"/> Long-term <input type="checkbox"/></p> <p>If this is a temporary condition or medical circumstance, when it is expected to end or expire (allowing for COVID-19 vaccination to begin after the date you provided):</p>	
Medical Provider Name/Title	
Medical Provider Signature	Date

² The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request.