East Alabama Health

REQUEST FOR EXCEPTION FROM COVID-19 VACCINATION

East Alabama Health has recommended that I receive COVID-19 vaccination to protect the patients I serve.

I acknowledge that I am aware of the following facts:

- COVID-19 vaccination prevents serious illness:
  - o COVID-19 vaccines available in the United States are safe and effective at protecting people from getting seriously ill, being hospitalized, and dying. Vaccination remains the safest strategy for avoiding hospitalizations, long term health outcomes and death.
- COVID-19 vaccination is a safer way to build protection:
  - o Getting a COVID-19 vaccine is a safer, more reliable way to build protection than getting sick with COVID-19. It is not possible to determine who will experience mild or severe illness from COVID-19 infection.
  - o Complications can appear after mild or severe COVID-19, or after multisystem inflammatory syndrome in children.
- COVID-19 vaccination offers added protection:
  - o COVID-19 vaccines can offer added protection to people who had COVID-19, including protection against being hospitalized from a new infection.
  - o While people can get some protection from having COVID-19, the level and length of that protection varies, especially as COVID-19 variants emerge. Immunity (protection) from infection can vary depending on how mild or severe someone's illness was and their age. Immunity from infection decreases over time.
- COVID-19 vaccination side effects are rare:
  - o Serious side effects that could cause a long-term health problem are extremely rare following any vaccination, including COVID-19 vaccinations. The benefits of COVID-19 vaccination outweigh the known and potential risks.

  <u>Common side effects after a COVID-19 vaccine include:</u>

    - Pain, redness, and swelling of the arm
    - Fever, chills
    - Headache
    - Tiredness
    - Muscle pain
    - Nausea

  - o Side effects may make you feel a little sick or even make it hard to do daily activities, but they should go away in a few days.

Any individual may request an exception for medical reasons, because the vaccination conflicts with sincerely held religious beliefs, or other reasons. You may request an exemption from the COVID-19 vaccination by completing this form and submitting the form to your employer.

I am requesting exemption from the COVID-19 vaccine requirements for one of the following reasons: (check all that apply)

_____ My health care provider has recommended to me that I refuse the COVID-19 vaccination based on my current health conditions and medications. (NOTE: You must include a licensed health care provider's signature on this form to claim this exemption.)
_____ I have previously suffered a severe allergic reaction (e.g., anaphylaxis) related to vaccinations in the past.
_____ I have previously suffered a severe allergic reaction related to receiving polyethylene glycol or products containing polyethylene glycol.
_____ I have previously suffered a severe allergic reaction related to receiving polysorbate or products containing polysorbate.
_____I have a bleeding disorder or am taking a blood thinner.
_____ I am severely immunocompromised such that receiving the COVID-19 vaccination creates a risk to my health.
_____ I have been diagnosed with COVID-19 in the past 12 months.
_____ Receiving the COVID-19 vaccination conflicts with my sincerely held religious beliefs, practices, or observances.
_____ Other: _____
(please provide reason for requesting exemption)

I hereby swear or affirm that I have read this document in its entirety and understand the information in this request is true and accurate. I understand that providing false or misleading information is grounds for discipline, up to and including termination from employment. By declining vaccination, I acknowledge that I may be asked to use source control methods as deemed appropriate during periods of high COVID-19 activity. If I fail to comply with source control methods as outlined in the COVID 19 Policy, then I shall be subject to disciplinary procedures. I understand I can change my mind at any time and accept COVID 19 vaccination, if vaccine is available.

_____ _____
Student's Printed Name Student's Signature

_____
Date

(Note: The following must be completed ONLY if claiming medical exemption(s) listed above.) Certification by a licensed health care provider as to the accuracy of information provided above:

_____ _____
Name of Health Care Provider Signature of Health Care Provider

_____
Date