K-119
Addendum A

VACCINATION ACKNOWLEDGMENT AND EXEMPTION REQUEST

I understand that it is the policy of Clarity Child Guidance Center (CCGC) that individuals working at CCGC receive annual influenza vaccine and COVID-19 vaccine to prevent the spread of preventable disease to the patients cared for at CCGC. I acknowledge that I have read CCGC's policy and procedure K-119 and that I understand the following:

- The consequences of my not being vaccinated could have life-threatening effects on my health, and the health of those with whom I have contact, including patients, co-workers, my family, and my community.
- I understand that the reasonable alternative for not being vaccinated is to wear protective medical equipment necessary, including but not limited to a face mask, at all times when on CCGC property.

Despite these facts, I am requesting an exemption to CCGC's policy on the mandatory influenza/COVID-19 vaccine. I request an exemption based on the following:

_____ Centers for Disease Control and Prevention recognized medical contraindication or precaution to the Influenza vaccine or COVID-19 vaccine.

Indicate reason: _____

_____ Temporary medical condition
_____ Permanent medical condition
_____ Religious Belief - Indicate reason: _____

I understand that my failure to submit acceptable medical documentation or provide a statement that supports my request for exemption for conscientious objection or religious reasons may result in my request for an exemption being denied.

I understand that my request for an exemption will be reviewed, and that I will be contacted with a decision regarding my exemption request. The current HR dispute resolution process will apply if my exemption request is denied.

I understand that in order to maintain a safe work environment for patients and staff, my supervisor/manager will be notified of my exemption and that I will be required to wear protective medical equipment (face mask) at all times when on the Clarity CGC campus, except when eating or drinking.

I understand that I may not be retaliated or discriminated against for requesting or receiving an exemption to this CCGC policy. I also understand that being required to wear protective medical equipment necessary for the protection of patients (face mask and all other equipment) is not considered retaliatory or discriminatory under state or federal law.

I understand that CCGC is has the right to take disciplinary actions against me if I fail to comply with policy K-119 Mandatory Vaccines for Preventable Diseases.

I consent to release of this request and any supporting documentation to all such representatives of CCGC, on a need-to-know basis, in order for the representatives to carry out their duties and to act on my request for an exemption.

Finally, I understand that my requested exemption may not be granted if it would pose a direct threat or if it would otherwise create an undue hardship on this hospital, its patients, or the public.

Signature_____ Date _____

Printed Name _____

Medical Exemption (For Health Care Provider's Completion)

I have evaluated this individual, and attest that they are unable to receive the:

- COVID-19 vaccine
- Influenza Vaccine

due to their personal disability or medical condition.

Medical Professional

Name (Printed) _____ Title _____

Location of Practice (Name/Address) _____

Phone _____ Date_____

Signature _____