

University of Arkansas for Medical Sciences

Request for Medical or Religious Exemption from Vaccination

Name _____ Date of Birth _____

Phone # _____ Email _____ UAMS ID _____

Department Name _____ Supervisor Name _____

The University of Arkansas for Medical Sciences mandates certain vaccinations for all of its employees and students, including MMR, Tdap, Varicella, Hepatitis B (for those exposed to blood and body fluids), Covid-19, and Influenza. Each request for exemption, regardless of the reason, will be evaluated individually by Student Employee Health Services, and if needed, the Office of Human Resources. When requesting an exemption, specifically indicate which vaccine or vaccines for which you are seeking exemption in the documentation submitted in support of your exemption request. An exemption from the vaccine or vaccines does not include any required testing for immunity or infection to the disease or illness.

Medical exemption _____ (Requester Initials)

I understand that by requesting a medical exemption I am required to provide documentation signed and dated by a licensed practitioner acting within their respective scope of practice. I also understand that the medical exemption must be based on standard criteria for medical exemptions recommended by the Centers for Disease Control and Prevention or Advisory Committees on Immunization Practices. If the exemption request is for the Covid-19 vaccine, the documentation must specify which authorized or licensed Covid-19 vaccine is contraindicated and the recognized clinical reasons for the contraindication. It must also include a statement from the licensed practitioner recommending exemption from the vaccination requirement based on the medical contraindications.

Religious exemption _____ (Requester Initials)

I understand that by requesting an exemption due to religious beliefs, observances, or practices, I am required to provide documentation to support my objection to the immunization for my sincerely held religious belief, observance, or practice. This documentation may include (1) a signed letter from my religious leader/pastor, on official letterhead, verifying my membership and the reasons and/or religious practices, beliefs, or observances that do not support immunization or (2) a statement under oath from me explaining my objection to the immunization and the reasons and/or religious practices, beliefs, or observances that preclude immunization. This exemption request must be renewed annually.

I understand that I have 10 business days to obtain the supporting documentation for either the medical or the religious exemption.

I understand that while my exemption request is pending or if my exemption request is approved, I will be recognized as compliant with the mandatory vaccination requirement. Further, I understand that my protected medical and religious information will be kept confidential. I understand that I will be expected to follow the job duties outlined in my job description and orally communicated to me by my supervisor. I must follow infection control guidelines and care for patients admitted/seen with communicable illnesses (such as measles, mumps, rubella, Varicella, Hepatitis B, Covid-19, and influenza) and that I may be exposed to other serious illnesses (including but not limited to tetanus, diphtheria, and pertussis) as my job duties require. I will follow transmission-based precautions for patients with symptoms of communicable illness. I understand that if I develop symptoms of communicable illness, I must report to Student Employee Health Services for potential work exclusion until resolution of symptoms. I understand that an exemption from the vaccine or vaccines does not include any required testing for immunity or infection to the disease or illness. I understand that I will be required to wear a mask/PPE at all times on UAMS property. I understand that I will be required to maintain social distancing in public areas, including but not limited to the cafeteria, break rooms, hallways, classrooms, or other meeting areas, which includes eating or drinking in close proximity of other UAMS employees,

students, contractors, patients, and visitors. I certify that the information on this form is true and correct and that I have read and have a full understanding of its contents.

Fill out the correct form(s) for the exemption(s) you are seeking and submit all pages completely filled out, dated and signed. Any supporting documents added to the forms must contain your name and date of birth on the documentation.

Signature _____ Date _____

(Signature stamps not acceptable)

Send Completed Form to: Studentandemployeehealth@uams.edu For any questions concerning these exemptions, please contact, Student Employee Health Services at 501-686-6565, or you may call the Office of Human Resources at 501-686-5650 regarding policy compliance.

UAMS Form for Medical Exemption from Vaccination

Name _____ Date of Birth _____
(Print) (Print)

Dear Licensed Practitioner:

The University of Arkansas for Medical Sciences mandates vaccinations for all of its employees and students, including MMR, TDAP, Varicella, Hepatitis B, Covid-19 and Influenza. Your patient has requested a medical exemption from _____, _____, _____, _____, _____, _____ (write each vaccination) vaccination requirement. A medical exemption from any mandated vaccination is allowed for recognized contraindications only and any medical exemption request will be reviewed individually with medical information.

With regard to the COVID-19 vaccine, your documentation must specify which authorized or licensed COVID-19 vaccine is contraindicated and the recognized clinical reasons for the contraindication.

Please complete the form below to request a medical exemption for your patient. Should you have any questions, please call UAMS Student Employee Health Services at 501-686-6565. We may contact your office to confirm and discuss reasons for exemption.

UAMS Student and Employee Health provides the FLUBLOK for those employees with an allergy to eggs and this is no longer a valid exemption to the flu vaccine. The amount of egg protein in influenza vaccines is extremely small. People who can tolerate eating foods prepared with eggs, such as baked goods, can generally tolerate the influenza vaccine. Employees with a severe allergic reaction to eggs should notify Student and Employee Health in order to receive the FLUBLOK.

UAMS Student and Employee Health provides mRNA COVID vaccines; however, we can/will arrange to use an alternate ACIP-approved vaccine if medical conditions warrant this.

My patient should not be vaccinated against _____, _____, _____, _____, _____, _____ for the following MEDICAL reason:

History of previous severe allergic reaction to _____, _____, _____, _____, _____ vaccine or component of the vaccine.

- Defined as developing hives, swelling of the lips or tongue, difficulty breathing
- Does not include sore arm, local reaction, subsequent upper respiratory tract infection, or gastrointestinal symptoms.

History of Guillain-Barre syndrome within 6 weeks of receiving a previous vaccine

- People with this history can choose to receive the vaccine

Other, please describe below: **(AS PER THE CDC NOT TO INCLUDE THOSE INDIVIDUALS WITH MILD ALLERGY TO EGGS, IMMUNOSUPPRESSED, CHRONIC MEDICAL CONDITIONS OR PREGNANCY)**

(THE FOLLOWING ARE NOT CONTRAINDICATIONS TO COVID VACCINATION: ALLERGY TO EGGS or LATEX, IMMUNOSUPPRESSION, CHRONIC MEDICAL CONDITIONS OR PREGNANCY)

I certify that my patient has the listed on previous page contraindication(s), and request medical exemption from the specified vaccination(s).

Practitioner Signature _____ Date _____
(Signature stamps not acceptable)

Practitioner Printed Name _____ License #: _____

State: _____ Practitioner phone #: _____

CDC Clinical Considerations regarding COVID-19 Vaccination:

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

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