



COVID-19 IMMUNIZATION EXEMPTION PRE HIRE REQUEST FORM

Name: _____ e-mail address _____

Work Location: _____ Title: _____

Phone Number: _____

In seeking an exemption from the COVID-19 vaccination, I attest to the following:

- I understand the purpose, need, risk, and benefits for the required vaccine(s).
- I understand that Texas Children's, the CDC Advisory Committee on Immunization Practices and the Texas Department of Health have strongly recommended that the vaccine(s) be given to all persons who have been screened and determined to be candidates for the vaccine(s).
- I understand that my exposure to patients at Texas Children's puts me at risk of acquiring the disease.
- I consent to the release of this request and any supporting documentation to all such representatives of Texas Children's, 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.
- I understand that I may be requested to provide additional documentation substantiating my exemption request, and my exemption request may be subject to individual or committee review.
- I understand that, if I am granted an exemption, I may be subject to reassignment to an alternate and available unit. Also, I may be required to wear additional PPE, undergo regular COVID-19 testing and/or conform to other alternative infection control measures. Texas Children's does not permit discrimination or retaliation against employees who are granted an exemption.
- I understand that my request for an exemption may not be granted if it is not reasonable or if it creates an undue hardship to Texas Children's.
- If my request for exemption is based on a temporary medical condition, I acknowledge that I will receive the COVID-19 vaccine(s) within 30 days of the resolution of my medical condition.
- Even if Texas Children's grants this exemption, I understand that I may be required to furnish additional information or supporting documentation from me, my medical provider(s) or my religion's spiritual leader(s) as circumstances evolve in the future. Likewise, I understand that this exemption, if granted, is subject to change at the discretion of Texas Children's in the future. I may be asked to recertify my exemption on a regular basis.

In signing the Immunization Exemption Request Form, I acknowledge that I have read this document in its entirety and fully understand it. I understand and agree that any misrepresentation on my behalf may result in corrective action, up to and including termination. Acknowledgement

____ I am requesting an exemption for medical reasons (physician documentation required)

____ I am requesting an exemption based upon sincerely held religious beliefs. (Complete religious exemption request form)

Documents to upload:

Statement from medical provider

COVID-19 Vaccine Exemption Request Form

Employee Name: (printed) _____

Employee Position: _____

Medical Exemption (For Health Care Provider's Completion)

I certify that the individual stated above has a physical condition and/or medical circumstance, and because of the physical condition and/or medical circumstances, the vaccinations currently authorized by the FDA for COVID-19 are not considered safe for administration to this patient at this time. I understand and have counseled my patient that not receiving this vaccination does increase risk for exposure to disease(s).

Medical Professional

Name (Printed) _____

Title _____

Location of Practice (Name/Address)

Phone _____

Date _____

Signature _____

COVID-19 Vaccine Religious Exemption Request

Texas Children's requires all employees and candidates for employment, regardless of their patient care interactions, to receive the COVID-19 vaccine.

I understand that there is risk for potential exposure to vaccine-preventable disease(s) for which immunizations have not been administered. I confirm the required COVID-19 immunization conflicts with sincerely held religious observances and practices.

Please describe your deeply held religious, practice or observance that prevents you from taking the COVID-19 vaccine:

Name _____