



MEMORANDUM

TO: Non-employee Students, Interns, Chaplains, Instructors, & Independent Contractors
(those rotating or working Huntsville Hospital Health System facilities)

REGARDING: Documentation Required Supporting the COVID-19 Mandate

DATE: March 18, 2022

If you are receiving this letter, our records show you are currently a non-employee rotating in or working with Huntsville Hospital Health System. Due to recent documentation requirements and additional guidance that we have received from CMS, Joint Commission, and the CDC, ***we are now required to have additional records related to you regarding the COVID-19 Mandate.*** You have likely already provided your COVID-19 vaccination status, but due to these changes we are required to have more documentation.

Documentation Required

We need for you to fill out the attached form, reflecting one of the following from you ***by April 15, 2022:***

- **Proof of Vaccination**, reflecting 2 doses of the Pfizer or Moderna COVID-19 vaccine, or 1 dose of the Johnson & Johnson vaccine.
- ***A request for a religious / sincerely held belief exemption** from the vaccine.
**Receiving the COVID-19 vaccination conflicts with my sincerely held religious beliefs, practices, or observances.*
- ****A request for a medical exemption** from the vaccine, **with the signed provider form.**
***If you are requesting a medical exemption, please use the attached form; and have your healthcare provider complete and sign it, documenting the medical exemption recommendation. The form documents that your provider is certifying that the different methods of vaccinating against COVID-19 have been considered and their documented medical contraindication excludes you from being able to receive any or all vaccinations for COVID-19 on a temporary or permanent basis. The instructions are on the form.*

Processing Your Documentation

Your additional documentation needs to be submitted to our Security Department. ***The deadline for submitting your additional record(s) is April 15 2022.*** You will be required to comply in order ***to continue to rotate or work in the facilities after April 15, 2022.*** For those who have not submitted the required documentation, your badge will be deactivated after April 2022.

Our Security Department is located on the first floor of our visitor parking garage, near the entrance to Huntsville Hospital Main on Gallatin Street; and is open Monday - Friday, 6:00am – 6:00pm.

Questions

If you have additional questions, for HOSA and Nursing Programs contact your nursing school administration; for non-nursing student rotations contact Corporate University at 256-265-8025.

Sincerely,

Arin Zapf
Chief Nursing Officer

Jennifer Holly
Vice President, Human Resources

NON-EMPLOYEE COVID-19 VACCINE DOCUMENTATION

Present your completed vaccine documentation form to [HH Security Department](#) Information will be kept confidential.

Non-Employee Section:

Name (Last, First) _____ Type: Student Instructor Chaplain
 Independent Contractor Corporate Contractor
School / Company if applicable _____ Other (describe) _____

Badge ID# _____ Date of Birth: ___/___/___ Email Address: _____

Phone Number: _____

- I am submitting Proof of COVID-19 Vaccination (please bring a photocopy for Security)
 Request for a Religious / Sincerely Held Belief Exemption
Receiving the COVID-19 vaccination conflicts with my sincerely held religious beliefs, practices, or observances.
 Request for a Medical Exemption*
If requesting a Medical Exemption, your Provider must complete the rest of the form below and sign it.

Your Signature: _____

REQUIRED PROVIDER SECTION For Medical Exemption Requests

A licensed physician, PA, or NP must complete and sign this section if you are requesting a Medical Exemption.

Forms completed without the provider signature will not be accepted.

Physician/Provider Instructions:

By completing this form, you certify that different methods of vaccinating against COVID-19 have been considered, and that the following medical contraindication precludes any/all vaccinations for COVID-19. Guidance for medical exemptions for COVID-19 vaccination can be obtained from <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>.

Please select medically indicated contraindication below:

- Severe allergic reaction (anaphylaxis) after a previous dose of or to a component of the COVID-19 Vaccine, including Polyethylene Glycol (PEG) (Please describe response in detail below and contraindication to alternatives, such as the Johnson & Johnson vaccine, which does not contain PEG)
- Immediate allergic reaction to a previous dose or known (diagnosed) allergy to a component of the vaccine (Please describe response in detail below and contraindication to alternative vaccines.)

The COVID vaccines do not contain egg or gelatin; allergies to these substances are not contraindication

- Other medical circumstance preventing vaccination with any available COVID-19 vaccine
(Be specific & describe in detail below)

Indicate which of the COVID-19 vaccines you are recommending that the above named individual not receive based on the individual medical impairment. BioNTech/Pfizer Moderna Janssen / Johnson and Johnson

What is the contraindication? _____

This exemption should be in place:

- Temporarily, expiring ___/___/___ Temporarily, for 90 days Temporarily, for 6 months Permanent

Healthcare Provider: _____ / /

Signature

Date

Printed Name

Practice Name

Practice Telephone

Practice email

For Office Use Only

- Approved Exemption Denied Exemption; Reason for Denial _____

Name

Date