

MEDICAL ACCOMMODATION REQUEST FORM

T.J. Regional Health Team Members may seek an accommodation to the vaccination requirement due to a medical condition using this form. T.J. Regional Health may ask for other information as needed to determine if you are entitled to an accommodation. If additional space is needed, please attach an additional page.

Applicant or Team Member Name:

Date of Request:
Email Address:
Telephone Number: Work Extension:
Team Member Position:
Department:
Manager Name:
Medical or disability accommodation request:
I am requesting accommodation to the requirement for the COVID-19 vaccination or a delay due to a temporary condition or medical circumstance. Team Member must have this form completed by a licensed practitioner. Forms should be returned in a timely manner as all Team Members are required to be fully vaccinated or have an approved exemption by the deadline of March 15, 2022.
I declare that the information I have provided is true and correct to the best of my knowledge and ability.
Team Member Signature: Date:

Medical Provider: Pursuant to the interim final rule issued by the Centers for Medicare and Medicaid Services on November 5, 2021, T.J. Regional Health Team Members are required to be fully vaccinated against COVID-19. Your patient is seeking a medical accommodation to T.J. Regional Health's requirement for COVID-19 vaccination or a delay because of a medical contraindication, or a temporary medical condition or circumstance. Please complete this form to assist T.J. Regional Health in making a determination regarding reasonable accommodation.

Your answer should be based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine if the team member is eligible for a reasonable accommodation.

Please provide at least the following information, where applicable:

- a) The specific contraindication or precaution for COVID-19 vaccination. as recognized by the CDC pursuant to its guidance (https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html). For allergy related contraindications see Appendix C. For a list of vaccine ingredients refer to Appendix D.
- b) A statement that the individual's condition and medical circumstances are such that COVID-19 vaccination is not considered safe. Please indicate the specific nature of the medical condition or circumstances that contraindicate immunization with a COVID-19 vaccine or might increase the risk for a serious adverse reaction; and
- c) Any other medical condition that would limit the team member from receiving any COVID-19 vaccine.

Description of the medical condition for which the Team Member listed above should be accommodated from complying with a COVID-19 vaccination requirement:
The condition described above is:
[] Temporary
[] Long -term
If this is a temporary medical condition or circumstance, when is it expected to end?
(DATE after which above COVID-19 vaccination exemption would no longer apply)
This exemption request applies to the following COVID-19 vaccines (<i>please check all that apply</i>):
[] Pfizer mRNA vaccine
[] Moderna mRNA vaccine
[] J&J (viral vector) vaccine
Medical Provider Name/Title:
Medical Provider Signature Date:

Return completed forms to Human Resources Department hr@tjsamson.org or fax to 270-651-4603.

Appendix C: Triage of people with a history of allergies or allergic reactions

CONTRAINDICATION TO COVID-19 VACCINATION	PRECAUTION TO COVID-19 VACCINATION	MAY PROCEED WITH COVID-19 VACCINATION
Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of a COVID-19 vaccine* Known (diagnosed) allergy to a component of a COVID-19 vaccine*	Among people without a contraindication, a history of: • Any immediate allergic reaction* to other vaccines (non-COVID-19) or injectable therapies* • Non-severe, immediate (onset <4 hours) allergic reaction* after a previous dose of COVID-19 vaccine* Note: people with a contraindication to mRNA COVID-19 vaccines have a precaution to Janssen COVID-19 Vaccine, and vice versa*	 Among people without a contraindication or precaution, a history of: Allergy (including anaphylaxis) to oral medications (including the oral equivalent of an injectable medication) History of food, pet, insect, venom, environmental, latex, etc., allergies, including anaphylaxis Family history of allergies
 Actions: Do not vaccinate Consider referral to allergistimmunologist Consider other vaccine alternative if age appropriate*¹ 	Actions: Risk assessment 30-minute observation period if vaccinated (see footnotes 5 and 6 for information on vaccination setting) Consider referral to allergistimmunologist	Actions: • 30-minute observation period: people with history of anaphylaxis (due to any cause) • 15-minute observation period: all other people

https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html

Appendix D: Ingredients included in COVID-19 vaccines

The following is a list of ingredients for the <u>Pfizer-BioNTech</u> (2), <u>Moderna</u> (2), and <u>Janssen</u> (2) COVID-19 Vaccines reported in the prescribing information for each vaccine.*

Description	Pfizer-BioNTech (mRNA) For people ages 5-11 years (orange cap) and ≥12 years (gray cap) formulations	Pfizer-BioNTech (mRNA) For people ages ≥12 years (purple cap) formulation	Moderna (mRNA) For people ages ≥18 years	Janssen (viral vector) For people ages ≥18 years
Active ingredient	Nucleoside-modified mRNA encoding the viral spike (5) glycoprotein of SARS-CoV-2 • 5–11 years (orange cap): 10 µg • 12 years and older (gray cap): 30 µg	Nucleoside-modified mRNA encoding the viral spike (S) glycoprotein of SARS-CoV-2 (30 μg)	Nucleoside-modified mRNA encoding the viral spike (5) glycoprotein of SARS-CoV-2	Recombinant, replication- incompetent Ad26 vector, encoding a stabilized variant of the SARS-CoV-2 Spike (S) protein
Inactive ingredients	2[(polyethylene glycol (PEG))-2000] -N,N-ditetradecylacetamide	2[(polyethylene glycol (PEG))-2000] -N,N-ditetradecylacetamide	PEG2000-DMG:1,2-dimyristoyl- rac-glycerol, methoxypolyethylene glycol	Polysorbate-80
	1,2-distearoyl-sn-glycero-3- phosphocholine	1,2-distearoyl-sn-glycero-3- phosphocholine	1,2-distearoyl-sn-glycero-3- phosphocholine	2-hydroxypropyl-β- cyclodextrin
	Cholesterol	Cholesterol	Cholesterol	Citric acid monohydrate
	(4-hydroxybutyl)azanediyl)bis (hexane-6,1-diyl)bis (2-hexyldecanoate)	(4-hydroxybutyl)azanediyl)bis (hexane-6,1-diyl)bis (2-hexyldecanoate)	SM-102:heptadecan-9-yl 8-((2-hydroxyethyl) (6-oxo- 6-(undecyloxy) hexyl) amino) octanoate	Trisodium citrate dihydrate
	Tromethamine	Sodium chloride	Tromethamine	Sodium chloride
	Tromethamine hydrochloride	Monobasic potassium phosphate	Tromethamine hydrochloride	Ethanol
	Sucrose	Potassium chloride	Acetic acid	
		Dibasic sodium phosphate dihydrate	Sodium acetate	
		Sucrose	Sucrose	

^{*} None of the vaccines contain eggs, gelatin, latex, or preservatives. All COVID-19 vaccines are **free from metals** such as iron, nickel, cobalt, lithium, rare earth alloys or any manufactured products such as microelectronics, electrodes, carbon nanotubes, or nanowire semiconductors.

Note: Both the Pfizer-BioNTech and Moderna COVID-19 vaccines contain polyethylene glycol (PEG). PEG is a primary ingredient in osmotic laxatives and oral bowel preparations for colonoscopy procedures, an inactive ingredient or excipient in many medications, and is used in a process called "pegylation" to improve the therapeutic activity of some medications (including certain chemotherapeutics). Additionally, cross-reactive hypersensitivity between PEG and polysorbates (included as an excipient in some vaccines and other therapeutic agents) can occur. Information on active or inactive ingredients for vaccines and medications can be found in the package insert. CDC's vaccine excipient summary and the National Institutes of Health DailyMed database C can also be used as a resource.

https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html