

VACCINATION EXEMPTION REQUEST

It is the policy of HCA-affiliated hospitals in the Texas Division that specified covered individuals working in our facilities receive vaccines for the following vaccine preventable diseases based on the level of risk the individual presents to patients by the individual's routine and direct exposure to patients:

1. Hepatitis B,
2. Measles, Mumps, Rubella (MMR),
3. Influenza,
4. Varicella
5. Tetanus, Diphtheria, acellular Pertussis (Tdap).

Covered individuals include employees of hospitals in the Texas Division, individuals providing direct patient care under a contract, and individuals to whom we have granted privileges to provide direct patient care.

To consider your request for an exemption, please complete and submit the Acknowledgment and Exemption Form along with the required documentation.

1. Medical Exemption—an individual requesting medical exemption because of medical contraindications or precautions identified by the Centers for Disease Control and Prevention must complete the Acknowledgment and Exemption Form Request and attach documentation from his or her private physician that attests to the contraindication or precaution.
2. Conscientious Objection—an individual requesting an exemption because of a conscientious objection must complete the Acknowledgment and Exemption Request

Reasonable Accommodation—the reasonable accommodation that HCA-affiliated facilities in the Texas Divisions are making for covered individuals subject to this policy is that we will require use of personal protective equipment (PPE), such as masks, gloves, and/or gown or alternate infection control prevention measures for all covered individuals who are not vaccinated against the mandatory immunizations list.

REQUEST FOR EXEMPTION FROM VACCINE PREVENTABLE DISEASE POLICY

I understand that I am a covered individual under the Vaccine Preventable Diseases Policy of the HCA-Texas Division facilities and have read and 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 with, including any patients, my co-workers, my family, and my community.
- “ I understand that the reasonable alternative for not being vaccinated is to wear protective medical equipment or alternative infection control guidelines at all times.



Despite these facts, I am requesting an exemption to the vaccine-preventable disease immunization policy. I request an exemption based on the following:

_____ Centers for Disease Control and Prevention Recognized Medical Contraindication or Precaution to vaccination indicate reason and vaccination you are declining:

_____ Religious Belief or Conscientious Objection 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 my request will be reviewed at the facility for approval.

I understand that in order to maintain a safe work environment for patients, appropriate hospital staff will be notified of my exemption and that I may be required to wear PPE such as a mask and gloves or may need to conform with other alternative infection control measures while at work.

I understand that I may not be retaliated or discriminated against for requesting and receiving an exemption to the policy. I also understand that being required to wear protective medical equipment is not considered retaliatory or discriminatory under state law.

I understand that the hospital is allowed under state law to take disciplinary actions against me if I fail to comply with the policy. I understand that, if I request and am granted an exemption, in the event of a public health disaster, the facility is allowed to prohibit me from having contact with patients.

I consent to the release of this request and including any supporting documentation to all such representatives of HCAffiliated hospitals in the Texas Division, 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 _____

Name (print) _____

Department _____

Sponsor/Employer (if appropriate) _____