**Individual Vendors/ Contractors Vaccination Status Attestation**

Pursuant to 42 CFR 416, 418, 441, 460,482-486, 491,494, any individual that performs their duties at any site of care, or has the potential to have contact with anyone at the site of care, including staff or patients, must be fully vaccinated to reduce the risks of transmission of SARS–CoV–2 and spread of COVID–19. This includes any ad hoc non-health care service persons that frequently provide services, visit the facility, and are around staff and/or patients. If an individual frequently uses shared facilities, they are subject to the mandatory vaccination requirement.

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check all that apply:

\_\_\_\_\_ Fully Vaccinated (Please provide proof of vaccination)

COVID 19 VACCINE REQUIREMENT

ACCOMMODATION REQUEST

\_\_\_\_ Disability (Medical Condition) Accommodation

Pursuant to 42 CFR 416, 418, 441, 460,482-486, 491,494, please provide a letter from your medical provider containing: (1) signature and date of a practitioner acting within their scope of practice that is not the person seeking the exemption; (2) all information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive; (3) recognized clinical reasons for the contraindications; and (4) a statement by the authenticating practitioner recommending that the staff member be exempted from the facility’s COVID-19 vaccination requirements. Please attach to this form.

­­­­­­­­­­­­­­

\_\_\_\_ Religious Accommodation

Pursuant to 42 CFR 416, 418, 441, 460,482-486, 491,494, do you have a sincerely held religious belief that prevents you from receiving a COVID-19 vaccination?

­­­­­­­­­­­­­­­\_\_\_\_\_Yes

\_\_\_\_\_No

**I verify that the information I am submitting in support of my request for an**

**accommodation is complete and accurate to the best of my knowledge, and I**

**understand that any intentional misrepresentation contained in this request may**

**result in disciplinary action.**

**I also understand that my request for an accommodation may not be granted if it**

**is not reasonable, if it poses a direct threat to the health and/or safety of others in**

**the workplace and/or to me, or if it creates an undue hardship on the facility.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_