

SCHNECK MEDICAL CENTER
Seymour, Indiana

ORGANIZATION-WIDE MANUAL

FUNCTION: Surveillance, Prevention and Control of Infection

COVID-19 Vaccine Policy

PURPOSE: To comply with the COVID-19 Vaccine requirements issued by CMS in the Interim Final Rule 42 CFR § 485.725. Compliance with this policy is a mandatory expectation.

DEFINITIONS: “SCHNECK MEDICAL CENTER Covered Individual” shall mean, regardless of clinical responsibility or patient contact, students, trainees, and individuals who provide care, treatment or other services for the organization and/or its patients under contract or by other arrangement. Many “Covered Individuals” are likely not employed by Schneck Medical Center. The specific requirements of this group related to the vaccine mandate can be found in the Organization Wide policy, *Covid-19 Vaccine for Schneck Medical Center Covered Individuals*.

“Covered SCHNECK MEDICAL CENTER Team member” shall mean, for purposes of this policy only, regardless of clinical responsibility or patient contact, all team members, volunteers and independent practitioners who provide care, treatment or other services for the organization and/or its patients. “Partial Vaccination” shall refer to vaccination status when the individual has completed the first but not the second administration of a multi-dose vaccine, or has completed administration of a single-dose vaccine or all required multi-doses but less than two (2) weeks have passed since the vaccination series was completed.

“Approved Temporary Delay” shall mean a delay in obtaining the COVID-19 vaccination, as recommended by the CDC and approved by a treating medical practitioner as further set forth below, due to clinical precautions and considerations, including but not limited to, individuals with acute illness secondary to COVID-19 and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment.

“CDC” – Centers for Disease Control and Prevention

“CMS” – Centers for Medicare and Medicaid Services

EQUIPMENT: COVID-19 Vaccination Religious Waiver Request form - attached
COVID-19 Vaccination Medical Waiver Request form - attached

PROCEDURE: CMS has required that 100% of Covered SCHNECK MEDICAL CENTER Team Members and Covered Individuals be vaccinated for COVID-19 unless: (1) the Covered SCHNECK MEDICAL CENTER Team Member or Covered Individual has applied for medical exemption and SCHNECK MEDICAL CENTER or a Covered Individual’s employer has granted the accommodation; (2) the Covered SCHNECK MEDICAL CENTER Team Member or Covered Individual has applied for a religious exemption and SCHNECK MEDICAL CENTER or a Covered Individual’s employer has granted the accommodation; (3) the Covered SCHNECK MEDICAL CENTER Team Member or Covered Individual exclusively provides telehealth or telemedicine services outside of the organization setting and does not have any direct contact with patients or other Covered SCHNECK MEDICAL CENTER Team Member or Covered Individual; or (4) the Covered SCHNECK MEDICAL CENTER Team Member or Covered Individual only provides support services for the organization and all of those services are performed exclusively outside of the organization setting and who do not have any direct contact with patients or SCHNECK MEDICAL CENTER covered team members or individuals.

A. COVID-19 Vaccines are mandated by CMS. CMS now requires all Covered SCHNECK MEDICAL CENTER Team Members and Covered Individuals to receive the complete COVID-19 vaccine series unless the Covered SCHNECK MEDICAL CENTER Team Member and/or Covered Individual applies for and is granted an accommodation per this policy or otherwise qualifies for exemption as noted below.

1. Every Covered SCHNECK MEDICAL CENTER Team Member and Covered Individual shall be vaccinated for COVID-19 on or before the following dates unless an exemption has been approved per this policy:
 - a. First dose by February 14, 2022; and
 - b. Second dose by March 15, 2022, (if applicable, i.e., the individual is receiving a two-dose series).

B. Limited Reasons for Exemption from the COVID-19 Vaccine Requirement. As a condition of employment or engagement with SCHNECK MEDICAL CENTER, any Covered SCHNECK MEDICAL CENTER Team Member or Covered Individual who remains unvaccinated on any deadline set forth in Section A(1)(a) must fall within one of the following categories:

1. Before the vaccine deadline, the person has applied for a medical exemption and been granted, in writing, an exemption; or
2. Before the vaccine deadline, the individual has applied for a religious exemption and been granted, in writing, an exemption; or
3. The Covered SCHNECK MEDICAL CENTER Team Member or Covered Individual is exempt from the mandate because the individual exclusively provides telehealth or telemedicine services outside of the organization setting and does not have direct contact with patients or other Covered SCHNECK MEDICAL CENTER Team Members and/or Covered Individuals, or the individual only provides support services for the organization and all of those services are performed exclusively outside of the organization setting.
4. An Exemption Review panel will track all those Covered Team members meeting exemption requirements and securely file the associated request forms, approval notices, correspondence and other documentation in the team member health file, separate from all other personnel forms and documentation. Exemption Review panel will notify Human Resources and Infection Prevention of all approved exemptions. The exemption request process for Covered Individuals is found in the COVID-19 Vaccine for Schneck Medical Center Covered Individuals organization wide policy.
5. All exemptions must be approved in writing. No Covered SCHNECK MEDICAL CENTER Team Member or Covered Individual may rely on a verbal approval of an exemption.

C. Proof of Vaccination. SCHNECK MEDICAL CENTER is required to have proof of immunization.

1. Covered SCHNECK MEDICAL CENTER Team members.
 - a. On or before February 14, 2022, Covered SCHNECK MEDICAL CENTER Team members must provide proof of completion of a single dose vaccine, or proof of completion of the first dose of a multi-dose vaccine, to Infection Prevention or Human Resources by showing evidence, such as the following:
 - CDC COVID-19 vaccination record card (or a legible copy of the card);
 - documentation from the Indiana Department of Health's Immunization Registry showing vaccination type(s) and date;
 - or a printed copy of the immunization record from a licensed healthcare provider who has administered the vaccine to the Covered SCHNECK MEDICAL CENTER Team member, specifying the vaccine administered, name and title of the person who administered the vaccine, address of the location where the vaccine was administered, and the date it was administered.

SCHNECK MEDICAL CENTER will retain a copy of the documentation in the team member health file. Covered SCHNECK MEDICAL CENTER Team members who fail to submit proof and have not

received an approved exemption will be suspended from employment without pay for a maximum of one (1) week. If upon expiration of the one-week suspension a Covered SCHNECK MEDICAL CENTER Team member has still not provided proof of compliance with the vaccination requirement, s/he may be terminated from employment.

- b. On or before March 15, 2022, 2021, those Covered SCHNECK MEDICAL CENTER Team members who provided proof of receiving the first of a multi-dose vaccine, must provide proof of completion of the second administration of the multi-dose vaccine as described above. Covered SCHNECK MEDICAL CENTER Team members who fail to submit proof and have not received an approved exemption will be suspended from employment without pay for a maximum of one (1) week. If upon expiration of the one-week suspension a Covered SCHNECK MEDICAL CENTER team member has still not complied with the vaccination requirement, s/he may be terminated from employment.
 - c. Copies of vaccination records for Covered SCHNECK MEDICAL CENTER Team members will be maintained in accordance with applicable law and as set forth in Section B (4) above.
2. Other Covered SCHNECK MEDICAL CENTER Covered Individuals.
- a. On or before February 14, 2022, Covered SCHNECK MEDICAL CENTER Covered Individuals who are not employed by SCHNECK MEDICAL CENTER must provide proof of completion of a single dose vaccine, or proof of completion of the first dose of a multi-dose vaccine, to their employer by showing one of the following:
 - CDC COVID-19 vaccination record card (or a legible copy of the card);
 - documentation from the Indiana Department of Health's Immunization Registry showing vaccination type(s) and date;
 - or a printed copy of the immunization record from a licensed healthcare provider who has administered the vaccine to the Covered SCHNECK MEDICAL CENTER Covered Individual, specifying the vaccine administered, name and title of the person who administered the vaccine, address of the location where the vaccine was administered, and the date it was administered.

The Covered Individual's employer will retain a copy of the documentation in the individual's health record. Covered SCHNECK MEDICAL CENTER Covered Individuals who fail to submit proof and have not received an approved exemption by the dates listed in this policy from their employer will no longer be permitted to provide services at SCHNECK MEDICAL CENTER until and unless they have complied with this policy.

- b. On or by March 15, 2022 those Covered SCHNECK MEDICAL CENTER Covered Individuals, who are not employed by SCHNECK MEDICAL CENTER and who provided proof of receiving the first of a multi-dose vaccine to their employer, must provide proof of completion of the second administration of the multi-dose vaccine as described above in Section 2a. Covered SCHNECK MEDICAL CENTER Covered Individuals who fail to submit proof and have not received an approved exemption from their employer will no longer be permitted to provide services at SCHNECK MEDICAL CENTER until and unless they have complied with this policy.
- c. Details on proof of vaccination compliance for Covered Individuals can be found in the *COVID-19 Vaccine for Schneck Medical Center Covered Individuals* organization wide policy.

D. Additional Precautions for those with an Exemption, Partial Vaccination or Approved Temporary Delay. Exemptions from vaccination and Approved Temporary Delay for Covered SCHNECK MEDICAL CENTER Team Members and Covered Individuals shall be determined by SCHNECK MEDICAL CENTER or the applicable employer after evaluation of the request and engagement in an interactive process as required by law.

1. SCHNECK MEDICAL CENTER requires that Covered Team Members and Covered Individuals who are Partially Vaccinated, have Approved Temporary Delays or have been granted an exemption from vaccination (together, "Unvaccinated Team Members and Covered Individuals"), comply with the

precautions as part of the accommodation, intended to mitigate the transmission and spread of Covid-19 for all Team Members and Covered Individuals and patients who are not fully vaccinated. These precautions follow the most up to date guidance from the CDC and the Indiana State Department of Health and/or other related entities. These precautions are subject to change based on the most available guidance and will be communicated to applicable parties through normal communication channels at Schneck Medical Center.

E. Medical Exemption and Approved Temporary Delay Requests. SCHNECK MEDICAL CENTER will make a reasonable effort to accommodate a Covered SCHNECK MEDICAL CENTER Team Members medical issue that precludes the Covered SCHNECK MEDICAL CENTER Team Member from getting the COVID-19 vaccine so long as the medical determination is made by a provider licensed acting within their scope of practice as set forth in this policy and the accommodation does not create a direct threat to SCHNECK MEDICAL CENTER, its patients, or other Team Members and Covered Individuals.

1. Request for Medical Exemption.

SCHNECK MEDICAL CENTER Team member. A completed SCHNECK MEDICAL CENTER exemption request must be submitted to the Human Resources office or Infection Prevention by February 14, 2022. NOTE: Exemptions must be received, reviewed, and acted upon by February 14, 2022. If an exemption request is submitted after normal business hours on February 14, 2022 the team member will be considered to have a preliminary approval until the next business day when the request can be reviewed.

2. SCHNECK MEDICAL CENTER Team members who wish to delay obtaining the COVID-19 vaccination because such delay has been recommended by the CDC and approved by a treating medical practitioner as further set forth above and below, must also submit a completed exemption request to the Human Resources office or Infection Prevention Department by February 14, 2022. Provider Statement that Vaccine is Medically Contraindicated.

a. Those seeking a medical exemption or Approved Temporary Delay shall have a healthcare provider (who is not the Covered SCHNECK MEDICAL CENTER Team Member or Covered Individual), who holds a current license and is practicing within the scope of their license in providing this exemption request (and is not the person requesting the exemption), submit signed and dated documentation of the exemption request form indicating the following:

- All information specifying which of the authorized or licensed COVID-19 vaccines are clinically contraindicated for the individual to receive and the recognized clinical reasons for the contraindications; and
- A statement by the authenticating practitioner recommending that the individual be exempted from the center's COVID-19 vaccination requirements based on the recognized clinical contraindications.
- A statement that the authenticating provider is a licensed practitioner (who is not the person requesting the exemption) acting within their scope of practice in providing this exemption request.

3. If all COVID-19 vaccine options are medically contraindicated for a limited period of time, the period of exemption must also be noted on the provider's confirmation statement. When they are no longer contraindicated, the Covered SCHNECK MEDICAL CENTER Team Member and/or Covered Individual will be required to obtain the vaccine. Infection Prevention will monitor the expiration dates of Temporary Delay Requests submitted and approved for Covered SCHNECK MEDICAL CENTER Team members and will be responsible for addressing proof of vaccination thereafter in compliance with this policy. Covered Individuals employers will be responsible for monitoring the expiration of Temporary Delay Requests of their covered individuals.

4. Interactive Process Related to Medical Exemption.

a. Covered SCHNECK MEDICAL CENTER Team member.

- i. SCHNECK MEDICAL CENTER may engage the Covered SCHNECK MEDICAL CENTER Team member in an interactive process to assess the request and accommodation. The Covered SCHNECK MEDICAL CENTER Team member must actively participate in the interactive accommodation process and provide all information reasonably needed to evaluate the request.
- ii. SCHNECK MEDICAL CENTER will assess each request on its merits, initiate discussion with the Covered SCHNECK MEDICAL CENTER Team member about possible accommodation and SCHNECK MEDICAL CENTER will assess whether accommodation is possible without undue hardship to SCHNECK MEDICAL CENTER. The Exemption Review panel will be responsible for reviewing and approving or denying the accommodation request but is not required to accept a specific accommodation requested by the Covered SCHNECK MEDICAL CENTER Team member where SCHNECK MEDICAL CENTER has a reasonable alternative accommodation or the accommodation creates a direct threat.

F. Religious Exemption. SCHNECK MEDICAL CENTER will make a reasonable effort to accommodate a Covered SCHNECK MEDICAL CENTER Team Members sincerely held religious belief, observance, or practice so long as the accommodation does not create an undue hardship for SCHNECK MEDICAL CENTER.

1. Covered SCHNECK MEDICAL CENTER Team members Request for Religious Exemption.
 - a. A completed SCHNECK MEDICAL CENTER exemption request must be submitted to Human Resources or Infection Prevention by February 14, 2022 NOTE: Exemptions must be received, reviewed, and acted upon by February 14, 2022. If an exemption request is submitted after normal business hours on February 14, 2022 the team member will be considered to have a preliminary approval until the next business day when the request can be reviewed.
 - b. SCHNECK MEDICAL CENTER will review each request for religious accommodation individually.
 - c. Covered SCHNECK MEDICAL CENTER Team Members must actively participate in the interactive accommodation process and provide all information reasonably needed to evaluate the request.
 - d. Where SCHNECK MEDICAL CENTER has an objective basis for questioning the religious nature or the sincerity of a particular belief, observance, or practice, SCHNECK MEDICAL CENTER may seek additional supporting information.
 - e. SCHNECK MEDICAL CENTER will assess each request on its merits, may initiate discussion with the Covered SCHNECK MEDICAL CENTER Team member about possible accommodation, and assess whether the accommodation is possible. SCHNECK MEDICAL CENTER will be responsible for reviewing and approving or denying the accommodation request but is not required to accept a specific accommodation requested if SCHNECK MEDICAL CENTER has a reasonable alternative accommodation or where the requested accommodation poses an undue hardship.
 - f. Purely economic, political, or social philosophies, and personal preferences are not sufficient bases for a religious exemption.
2. Interactive Process related to Religious Exemption
 - a. SCHNECK MEDICAL CENTER may engage the Covered SCHNECK MEDICAL CENTER Team member in an interactive process to assess the request and accommodation. The Covered SCHNECK MEDICAL CENTER Team member must actively participate in the interactive accommodation process and provide all information reasonably needed to evaluate the request.

G. Assessment and Determinations of Exemption Requests.

1. SCHNECK MEDICAL CENTER reserves the right to reassess whether an accommodation of any Covered SCHNECK MEDICAL CENTER Team Member and Covered Individual would cause an undue hardship or direct threat at the time of the request and/or in the event of changed circumstances.
2. Covered SCHNECK MEDICAL CENTER Team members who apply for exemption or Approved Temporary Delay will receive written notice of SCHNECK MEDICAL CENTER's granting or denial of

such request. There is no appeal of SCHNECK MEDICAL CENTER’s determination. Copies of the approval/denial notice will be retained as set forth in Section B (4) above.

H. Booster Doses. To the extent Covered SCHNECK MEDICAL CENTER Team Member and Covered Individuals obtain booster doses of a COVID-19 vaccine as recommended by CDC, such Team Member and Covered Individual, or his/her employer, will provide documentation of the booster as set forth in Section C, above. Such information will be maintained in accordance with applicable law and as set forth above.

I. New Hires. Human Resources in conjunction with Employee Health will collect information about each new team member’s vaccination status, and determine when an unvaccinated new hire must be vaccinated and when COVID-19 testing and/or other infection control protocols will commence if an individual is unvaccinated. Human Resources will be responsible for auditing compliance of new SCHNECK MEDICAL CENTER hires with all obligations of this policy and addressing suspension and/or termination, as set forth above, in the event of noncompliance.

Reference: **Org Wide Mandatory Expectation Policy**
Org Wide Covid-19 Vaccine for Schneck Medical Center Covered Individuals Policy

Proposed by: <i>Stacy Post, BSN, RN, CNOR</i>	Title: Infection Preventionist	Date: 2/11/22
Reviewed by: <i>Rita Hollen</i>	Title: Policy/Procedure Committee	Date: 2/14/2022
Reviewed by: <i>Jessie A. Warren</i>	Title: Director of Human Resources	Date: 2/16/2022
Reviewed by: <i>Meghan Warren HSN, RN</i>	Title: Director of Quality and Care Management	Date: 2/17/22
Reviewed by: <i>W. Chaudry</i>	Title: Director Risk Management & Safety	Date: 2/18/2022
Approved by: <i>Kathy Covert</i>	Title: Vice President Workforce and Support Services	Date: 2/18/22
Approved by: <i>E. J. Owens</i>	Title: President/CEO	Date: 2/21/22

**COVID-19 Vaccination
 Religious Waiver Request
 Junior Volunteer Program**

Instructions

1. Read, complete and sign this page.
2. Return the completed form to Human Resources or Volunteer Services Manager(Amy Cockerham)

Name: _____ **Date of Request:** _____

In my position I have - no / regular - contact with patients (circle one)

I understand that, consistent with Federal law, Schneck Medical Center requires all covered individuals to be vaccinated against COVID-19 unless granted a medical or religious exemption, in order to protect myself, my family, my colleagues and our patients. I have received education and information regarding the vaccine and have had an opportunity to ask questions, and I acknowledge the following:

- COVID-19 is a serious disease that has already killed hundreds of thousands people in the United States.
- The COVID-19 vaccination is intended to prevent or reduce the incidence of the COVID-19 disease and its complications, which may include death.
- COVID-19 vaccination is required by CMS for health care workers to protect patients from COVID-19 disease, its complications and death.
- All individuals could be exposed to the COVID-19 virus through the community and could bring the illness into the health care setting.
- If infected with COVID-19, an individual could shed the virus for several days before COVID-19 symptoms appear. Shedding the virus can spread the COVID-19 disease to patients in this facility and to colleagues and family.
- Once infected with COVID-19, even when symptoms are mild or non-existent, the illness is easily spread to others.
- I understand that variants of the virus that causes COVID-19 infection are prevalent, which may require additional or different vaccines to be given in the future.
- I understand that I cannot get COVID-19 from the COVID-19 vaccine.
- The consequences of my not being vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including:
 - Patients utilizing our services
 - Fellow volunteers
 - My family
 - My community
- If I am exempted from the vaccination mandate, I must comply with any and all alternative infection control requirements imposed as a condition of exemption or I will not be eligible to volunteer.

Notwithstanding the above, I am requesting an exemption from taking the COVID-19 vaccine at this time.
(Initial)

Reason for Religious Accommodation – Please describe the nature of your objection to the COVID-19 vaccination requirement.

Would complying with the COVID-19 vaccination requirement substantially burden your religious exercise or conflict with your sincerely held religious beliefs, practices, or observances? If so, please explain.

Please provide any additional information that you think may be helpful in reviewing your request. For example: how long you have held the religious belief underlying your objection; whether your religious objection to the use of all vaccines, COVID-19 vaccines, a specific type of COVID-19 vaccine, or some other subset of vaccines; whether you have received vaccines as an adult against any other diseases (such as a flu vaccine or a tetanus vaccine).

Summary of Next Steps

1. Return this form to Human Resources or Volunteer Services Manager(Amy Cockerham). Deadline for submission is **May 24, 2022**.
2. This request will be reviewed by the Exemption Review Panel.
3. Additional information and/or supporting documentation may be requested. Failure to timely provide such information and/or documentation may result in a denial of the request for exemption.
4. You will be notified of the decision regarding your requested exemption.
5. If you are granted a religious exemption, you may be required comply with precautions as part of your exemption. These precautions would follow the most up to date guidance from the CDC, the Indiana State Department of Health and/or other related entities. These precautions would be subject to change based on the most updated guidance available and communicated to exempted individuals through normal communication channels at Schneck Medical Center.

I have read and fully understand the information on this request for exemption. I also understand that if my request is approved, it may be approved for this year only and that exemption for COVID-19 vaccination for any future years may require the completion and submission of a new request form and may require the provision of additional information and/or supportive documentation. I also understand that my request for an

exemption may not be granted if it is not reasonable or creates an undue hardship for the organization as permitted by law. I certify that the above information is complete, accurate and honest.

Name (Print): _____

Team Member New Hire Credentialed Provider Jr. Volunteer

Contact Phone: _____

Contact Email: _____

Signature: _____

Date: _____

Parent's Signature: _____

Date: _____

Section below is to be completed by Exemption Review Panel.

This was reviewed by the Exemption Review Panel on _____ (date) and determined that _____

Qualifies for exemption.

Does not qualify for exemption.

Further actions to be taken include: _____

The requestor was notified of the results of the review on _____ (date) by _____.

**COVID-19 Vaccination
Medical Waiver Request
Junior Volunteer Program**

Instructions

1. Read, complete and sign this page.
2. Return the completed form to Human Resources or Volunteer Services Manager(Amy Cockerham).

Name: _____

Date of Request: _____

In my position I have no / regular contact with patients (circle one)

I understand that, consistent with Federal law, Schneck Medical Center requires all employees and covered individuals to be vaccinated against COVID-19 unless granted a medical or religious exemption, in order to protect my family, my colleagues, our patients and myself. I have received education and information regarding the vaccine and have had an opportunity to ask questions, and I acknowledge the following:

- COVID-19 is a serious disease that has already killed hundreds of thousands people in the United States.
- The COVID-19 vaccination is intended to prevent or reduce the incidence of the COVID-19 disease and its complications, which may include death.
- COVID-19 vaccination is required by CMS for health care workers to protect patients from COVID-19 disease, its complications and death.
- All individuals could be exposed to the COVID-19 virus through the community and could bring the illness into the health care setting.
- If infected with COVID-19, an individual could shed the virus for several days before COVID-19 symptoms appear. Shedding the virus can spread the COVID-19 disease to patients in this facility and to colleagues and family.
- Once infected with COVID-19, even when symptoms are mild or non-existent, the illness is easily spread to others.
- I understand that variants of the virus that causes COVID-19 infection are prevalent, which may require additional or different vaccines to be given in the future.
- I understand that I cannot get COVID-19 from the COVID-19 vaccine.
- The consequences of my not being vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including:
 - Patients utilizing our services
 - Fellow Volunteers
 - My family
 - My community
- If I am exempted from the vaccination mandate, I must comply with any and all additional infection control requirements imposed as a condition of exemption or I will not be eligible to volunteer.
-

Notwithstanding the above, I am requesting an exemption from taking the COVID-19 vaccine at this time. _____ (Initial)

Attached to this request is documentation, signed and dated by my treating healthcare provider that includes:

- All information specifying which of the authorized or licensed COVID-19 vaccines are clinically contraindicated and the recognized clinical reasons for the contraindications;
- A recommendation that I be exempted from the employer's COVID-19 vaccination requirements based on the recognized clinical contraindications; and
- A statement that the authenticating provider is a licensed practitioner in this state, acting within their scope of practice in providing this exemption request.

If, rather than exemption, vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment, a signed and dated statement as described above, which includes the period of exemption, is provided. When the period of exemption has passed, I will be required to obtain the vaccination and provide proof of same to the employer.

Summary of Next Steps

1. Return this form to Human Resources or Volunteer Services Manager (Amy Cockerham).
2. The Exemption Review Panel will review this request.
3. Additional information and/or supporting documentation may be requested. Failure to timely provide such information and/or documentation may result in a denial of the request for exemption.
4. You will be notified of the decision regarding your requested exemption.
5. If you are granted a medical exemption, you may be required comply with precautions as part of your exemption. These precautions would follow the most up to date guidance from the CDC, the Indiana State Department of Health and/or other related entities. These precautions would be subject to change based on the most updated guidance available and communicated to exempted individuals through normal communication channels at Schneck Medical Center.

I have read and fully understand the information on this request for exemption. I also understand that if my request is approved, it may be approved for this year only and that exemption for any future years may require the completion and submission of a new request form and may require the provision of additional information and/or supportive documentation.

I also understand that my request for an exemption may not be granted if it is not reasonable or creates a direct threat as permitted by law. I certify that the above information is complete, accurate and honest.

Name (Print): _____

Employee New Hire Credentialed Provider Jr. Volunteer

Contact Phone: _____ Contact Email: _____

Physician Signature: _____ Date: _____

Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Section below is to be completed by Exemption Review Panel.

This was reviewed by the Exemption Review Panel on _____ (date) and determined that _____.

Qualifies for exemption.

Does not qualify for exemption.

Further actions to be taken include: _____

The requestor was notified of the results of the review on _____ (date) by _____.