

**Medical Certification for COVID-19 Vaccination Exemption**

Employee Name: \_\_\_\_\_

Dear Medical Provider,

The New Mexico Department of Health issued a Public Health Order on August 17, 2021, requiring all hospital workers and congregate care facility workers to receive their first dose of a COVID-19 vaccine by August 27, 2021. The individual named above is seeking an exemption to this policy due to medical contraindications.

Please complete this form to assist Eastern New Mexico Medical Center in the reasonable accommodation process.

**The person named above should not receive the COVID-19 vaccine due to (select below):**

- Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to component of the COVID-19 vaccine
- Immediate (within 4 hours of exposure) allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine
- Another medical condition or disability (please specify):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This exemption should be:**

- Temporary, expiring on: \_\_/\_\_/\_\_, or when \_\_\_\_\_
- Permanent.

I certify the above information to be true and accurate, and request exemption from COVID-19 vaccination for the above-named individual. I am a licensed healthcare provider who is providing this person with ongoing medical care and treatment related to the medical contraindications described above.

Medical Provider Name (print):

Medical Provider Signature:

Date:

Practice Name & Address:

Provider Phone:



**Request for Religious Exemption from Vaccination**

Name (print):

Date:

Dept.:

Position:

Manager:

Work/Cell Phone:

Please provide a **written and signed statement** below stating you have sincere and genuine religious beliefs which prohibit you from receiving immunizations.

Eastern New Mexico Medical Center may require additional supporting documentation related to the claimed religious exemption as appropriate to the circumstances. In the area provided below, please write your statement. This statement must address all of the following elements:

- Explain in your own words why you are requesting this religious exemption.
- Describe the religious principles that guide your objection to immunization. [Please note that philosophical, political, scientific, sociological or other objections to immunization (rather than sincerely held religious beliefs) do not justify an exemption.]
- Indicate whether you are opposed to all immunizations, and if not, the religious basis that prohibits particular immunizations.

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I hereby affirm the truthfulness of the provided statement.

Signature

Date

**Are there any exceptions to the requirement?**

A Hospital Worker may submit a request for exemption from the Order due to:

- A request for reasonable accommodation due to a disability as defined by the Americans with Disabilities Act;
- A "qualifying medical condition" - a permanent or temporary medical condition recognized by the FDA (<https://www.fda.gov/media/144413/download>) or CDC (<https://www.cdc.gov/vaccines/covid-19/downloads/summary-interim-clinical-considerations-poster.pdf>) as a contraindication of the COVID-19 vaccine. The only contraindications as of the date of this memo are:
  - Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to component of the COVID-19 vaccine
  - Immediate (within 4 hours of exposure) allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine
- A sincerely held religious belief.

If a Hospital Worker would like to request an exemption, they should contact Human Resources and complete the documents provided. All requests for exemption must be submitted by August 24, 2021, to allow time for review of the exemption request. If an exemption is under review after the August 27, 2021 deadline, the Hospital Worker will be off the schedule until the determination has been made. If the exemption is not approved, the Hospital Worker cannot return to work until they are vaccinated.

ENMMC has the right to determine whether the request meets the requirements for exemption and/or whether the requested accommodation is reasonable, as allowed by all applicable laws.

An exemption for a medical condition or disability requires specific documentation from a physician, nurse practitioner, or other medical professional licensed to practice in New Mexico. A medical professional may not sign their own exemption.

If a Hospital Worker meets the exemption requirement, and is not vaccinated the Hospital Worker must meet the following requirements:

- the Hospital Worker must be tested for COVID-19 on a weekly basis AND
- the Hospital Worker must wear a mask or multilayer cloth covering at all times indoors at the facility except when eating or drinking (this applies to all employees, regardless of vaccination status, per our universal masking policy)

If a Hospital Worker is unvaccinated due to an approved exemption and refuses to meet these requirements, they may be terminated.

If a Hospital Worker who is unvaccinated due to an approved exemption decides to get the vaccine, they must provide proof of vaccination to Human Resources and will not be required to submit for testing.



# EASTERN NEW MEXICO MEDICAL CENTER

Name (print):

Date:

Dept.:

Position:

Manager:

Work/Cell Phone:

### Request for Medical Exemption from COVID-19 Vaccination

I am requesting a medical exemption from New Mexico's Public Health Emergency Order requiring all hospital workers and congregate care facility workers to be fully vaccinated against COVID-19.

I verify that the information I am submitting to support my request for exemption from the vaccination mandate is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including termination.

I understand Eastern New Mexico Medical Center will review the request for exemption to determine whether it is approved.

Employee Signature:

Date: