



COVID-19 VACCINATION DECLINATION FORM

Vaccination against COVID-19 is the most effective means of preventing infection. All Employees, Member of the Medical Staff, Specified Professional Personnel (SPP's) and Volunteers working at Pomona Valley Hospital Medical Center (PVHMC) are required to be vaccinated for COVID-19 by September 30, 2021. This requirement is aligned with the State of California's Public Health Officer Order of August 5, 2021.

*"Associates" includes all Employees, Members of the Medical Staff, SPP's and Volunteers.

An Associate may be entitled to an exemption for the following reasons:

1. The Associate is excused from receiving any COVID-19 vaccine due to qualifying medical reasons, per the most up-to-date COVID-19 vaccine guidelines from the Centers for Disease Control and Prevention (CDC); or
2. The Associate is declining vaccination based on religious beliefs

To request an exemption, an Associate must complete the following required forms and submit no later than Monday, August 30, 2021:

- COVID-19 Mandatory Vaccination Declination Form, AND
 - Medical Verification of Request for Exemption for Qualifying Medical Reasons from COVID-19 Vaccination Form, OR
 - Religious Belief Exemption Supporting Statement Form

The following forms are to be submitted:

- For Employees: Forms are available on the PVHMC Intranet page and in Occupational Health Services (OHS), located on the 4th floor near Elevator A. Forms should be returned to OHS or emailed to group.occ.health@pvhmc.org
- Members of the Medical Staff and SPP's: Forms are available on the PVHMC Intranet page and in the Medical staff office. Completed forms must be submitted to the Medical Staff Office
- Volunteers: Forms are available on the PVHMC Intranet page and in the Volunteer office. Completed forms must be submitted back to the Volunteer Services Office

All requests for medical exemptions will be submitted for a confidential panel review, which will follow CDC COVID-19 guidelines. The panel will include Physicians and an Occupational Health Services (OHS) representative; you or your physician may be contacted for more information.

All requests for religious belief exemptions will be submitted for a confidential Committee review. The Committee shall consist of religious leaders, a Physician and an OHS representative.

An Associate who has submitted an exemption request and is waiting for exemption approval, will be required to follow the mandated requirements for unvaccinated Associates listed within House Wide Policy #3.602. Associates who meet criteria for exemption will be considered unvaccinated. **There is no exemption from testing if unvaccinated.**



By completing this form, I am affirming to PVHMC that I am seeking an exemption instead of being vaccinated for COVID-19 on the following basis:

Qualifying Medical Reasons Exemption: I have qualifying medical reasons, per the most up-to-date COVID-19 vaccine guidelines from the Centers for Disease Control and Prevention (CDC), that prevent me from being able to take any approved COVID-19 vaccines. **NOTE: To be eligible for this exemption, I understand that I must also provide a signed and completed Medical Verification of Request for Exemption for Qualifying Medical Reasons from COVID-19 Vaccination Form signed by a physician, nurse practitioner or other licensed medical professional practicing under the license of a physician. *The written statement should not describe the underlying medical condition or disability.***

Religious Beliefs Exemption: I have a sincerely held religious belief, practice or observance that prevents me from taking any approved COVID-19 vaccines. **NOTE: To be eligible for this exemption, I understand that I must also provide a signed and completed Religious Belief Exemption Supporting Statement Form.**

I affirm that the statement(s) above are true and correct.

Associate Name (PRINT): _____ **Associate ID#:** _____

Email Address: _____

Associate Signature: _____ **Date:** _____