

HEP B REQUEST FOR MEDICAL EXEMPTION FROM VACCINE PREVENTABLE DISEASE POLICY

As a patient safety and health care personnel safety initiative, HCA affiliated facilities are requiring vaccinations for the following vaccine-preventable diseases. This is similar to other vaccinations that HCA affiliated facilities require as a condition of employment. Certain vaccinations have been recommended by the Centers for Disease Control for health care personnel and have been shown to be effective in protecting patients from these illnesses and complications related to them. Increasingly, national professional, health care and infection prevention organizations are recommending that health care organizations require certain vaccinations to protect the health and safety of patients, employees, patient and employee family members, and the community as a whole from these diseases.

Medical exemption from vaccinations is allowed for contraindications or precautions identified by the Centers for Disease Control and Prevention. Please complete the form below to request medical exemption for your patient. If you have any questions, please contact the Director of Employee Health or Designee.

NAME OF PATIENT: _____

My patient should not be vaccinated against:

- **Hep B** for the following reasons:

- Temporary Medical Condition: **Duration** _____
- Permanent Medical Condition _____

I certify that my patient has the above contraindications and request medical exemption from HCA affiliated facilities vaccination policy. I understand that I could be contacted for additional clarification.

Name of Medical Practitioner (MD, DO, APRN, PA): _____

Signature: _____

Signature stamps are not acceptable

I understand I am required to wear Personal Protective Equipment (PPE) at all times during patient care.

I understand that my exposure to patients at HCA healthcare facilities with the following vaccine preventable diseases puts me at risk of acquiring the disease.

I have had the opportunity to be vaccinated, however, I choose to decline Hep B at this time. I understand that by declining vaccine protection I continue to be at risk of acquiring the disease.

In the event of exposure, I understand that I may be requested to not visit the facility for at least the incubation period of the disease to which I have been exposed.

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine by my employer, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

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 HCA affiliated hospitals, 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.

California Occupational Health and Safety Title VIII Sec 5199; Appendix C1 – Vaccination Declination Statement (Mandatory)

The employer shall ensure that employees who decline to accept a recommended vaccination offered by the employer sign and date the following statement as required by subsection (h)(5)(E).

VPro Signature _____ Date _____

VPro Name (print) _____