University of Arkansas for Medical Sciences
Medical Exemption from Vaccination Request

Name: _____Date of Birth: _____
Phone #: _____ Email: _____ UAMS ID: _____
Department Name: _____ Supervisor Name: _____

The University of Arkansas for Medical Sciences mandates certain vaccinations for all its healthcare personnel and UAMS students, including MMR, Tdap, Varicella, Hepatitis B (for those exposed to blood and body fluids), and Influenza. Each request for an exemption **must** be uploaded to your MyChart account and will be evaluated by Student and Employee Health Services and, if needed, the Office of Human Resources.

You must

- **complete each page of this form.**
- **document each specific vaccine for which you are requesting an exemption**.

An exemption from a vaccine or vaccines does not include an exemption for any required testing for immunity or infection for the disease or illness**.**

Credentials or Privileges at Arkansas Children's Hospital

If you seek credentials or privileges at Arkansas Children's Hospital, your Medical exemption documentation submitted to UAMS will be shared with ACH. ***Medical exemption requester initials required_____***

Medical Exemption

I understand that by requesting a medical exemption, I am required to provide documentation signed and dated by a licensed practitioner acting within their respective scope of practice. I also understand that the medical exemption must be based on standard criteria for medical exemptions recommended by the Centers for Disease Control and Prevention or Advisory Committees on Immunization Practices. It must also include a statement from the licensed practitioner recommending exemption from the vaccination requirement based on the medical contraindications.
I understand that a medical exemption request for Influenza must be completed and uploaded through MyChart before the Influenza Vaccine deadline. ***Medical exemption requester initials required_____***

New Hire Exemptions

I understand that I must complete and submit supporting documentation for either the medical or the religious exemption prior to my start date, or my start date will be delayed.
New Hires Only: Medical exemption requester initials required_____

I understand

- While my exemption request is pending, I will be considered non-compliant until approval is granted.
- I will be expected to follow the job duties outlined in my job description and communicated to me by my supervisor.
- I must follow infection control guidelines and care for patients admitted/seen with communicable illnesses (such as measles, mumps, rubella, Varicella, Hepatitis B, Covid-19, and Influenza) and I may be exposed to other serious diseases (including but not limited to tetanus, diphtheria, and pertussis).
- I must follow transmission-based precautions for patients with symptoms of communicable illness.
- If I develop symptoms of communicable illness, I must report to SEHS for potential work exclusion until resolution of symptoms.

- An exemption from the vaccine or vaccines does not include an exemption from any required testing for immunity or infection to the disease or illness.
- I will be required to maintain social distancing in public areas, including but not limited to the cafeteria, break rooms, hallways, classrooms, or other meeting areas, which includes eating or drinking in close proximity to other UAMS employees, students, contractors, patients, and visitors**.**

***Medical exemption requester initials required*_____**

Mask Requirement

I understand that I will be required to wear a mask at all times on UAMS property. Failure to do so will result in disciplinary action up to and including termination.

***Medical exemption requester initials required*_____**

Attestation

I certify that the information on this form is true and correct and that I have read and have a full understanding of its contents.

Signature: _____ Date: _____
(Signature stamps not acceptable)

Fill out the correct UAMS form(s) for the exemption(s) you are seeking and submit all pages completed in their entirety, dated, and signed to your MyChart account. Any supporting documents added to the forms must contain your name and date of birth on the documentation.

You must upload the completed Medical Exemption From Vaccine Request form, AND the Medical Exemption Request Form to your MyChart account. Failure to upload both documents, or to upload incomplete forms and documents, may result in a delay in processing the exemption request.

Visit the Student and Employee Health Services Clinic webpage, https://uamshealth.com/location/sehs/, for instructions on creating your MyChart and uploading your documentation.

For any questions concerning these exemptions, contact Student Employee Health Services at 501-686-6565, or you may call the Office of Human Resources at 501-686-5650 regarding policy compliance.

UAMS Medical Vaccine Exemption Form

UAMS Employee Name: _____Date of Birth: _____
(Print) *(Print)*

Dear Licensed Practitioner,

The University of Arkansas for Medical Sciences mandates vaccinations for all its healthcare personnel and UAMS students, including MMR, TDAP, Varicella, Hepatitis B, and Influenza.

Your patient has requested a medical exemption for the following vaccination requirements _____, _____, _____, _____, _____
(healthcare personnel to write each vaccination for which they are requesting an exemption).

A medical exemption from any mandated vaccination is only allowed for recognized contraindications. UAMS Student and Employee Health Services will review all medical exemption requests and medical information.

Please complete the form below to request a medical exemption for your patient. Should you have any questions, please call UAMS Student Employee Health Services at 501-686-6565. SEHS may contact your office to confirm and discuss the exemption request.

For UAMS Healthcare Personnel and UAMS Students With An Allergy To Eggs.
An allergy to eggs is no longer a valid exemption to the flu vaccine. The amount of egg protein in influenza vaccines is extremely small. People who can tolerate eating foods prepared with eggs, such as baked goods, can generally tolerate the influenza vaccine. Employees or students with a documented severe allergic reaction to egg should notify Student and Employee Health and receive FLUBLOK if available.

My patient should not be vaccinated against _____

_____for the following MEDICAL reason:

History of previous severe allergic reaction to _____

_____vaccine or component of the vaccine.

- Defined as developing hives, swelling of the lips or tongue, and difficulty breathing.
- Contraindications do not include a sore arm post vaccination, a local reaction, subsequent upper respiratory tract infection, or gastrointestinal symptoms.
- A past History of Guillain-Barré syndrome within 6 weeks of receiving a previous vaccine does not preclude the healthcare personnel from receiving the vaccine. Healthcare personnel with this history can choose to receive the vaccine.

Other, please describe below: **(PER THE CDC: NOT TO INCLUDE THOSE INDIVIDUALS WITH ANY ALLERGY TO EGGS, IMMUNOSUPPRESSED, WITH CHRONIC MEDICAL CONDITIONS, OR PREGNANT)**

_____

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UAMS Medical Vaccine Exemption Form

Licensed Practitioner Signature: _____Date: _____
(Signature stamps are not acceptable)

Licensed Practitioner Contact Information:
Phone number:_____
Clinic Name:_____
Mailing Address:_____

<u>UAMS Healthcare Personnel and UAMS Students:</u> You must upload the completed form to your MyChart account. Incomplete forms and documents may result in a delay in processing the exemption request.

Visit the Student and Employee Health Services Clinic webpage, https://uamshealth.com/location/sehs/, for instructions on creating your MyChart and uploading your documentation.

For any questions concerning these exemptions, contact Student Employee Health Services at 501-686-6565, or you may call the Office of Human Resources at 501-686-5650 regarding policy compliance.