

**Request for Medical Exemption from COVID-19 Vaccination or
Delay in Vaccination Due to Clinical Precautions and Considerations**

Forte Home Health Care, Inc. (“Forte HHC”) is currently evaluating its compliance obligations in connection with the new mandatory vaccination rule issued by the U.S. Centers for Medicare and Medicaid Services (“CMS Rule”). Forte HHC’s Mandatory Vaccination Policy (the “Mandatory Vaccination Policy”) will take effect on **February 14, 2022**. Covered Staff Members of Forte HHC or Forte Residential, Inc. (together, Forte HHC and Forte Residential, Inc. are “Forte”) will not have the option to select weekly testing in lieu of vaccination. All requests for exemption or delay in vaccination should be submitted no later than February 14, 2022.

The Human Resources Department will treat exemption requests as confidential, in accordance with applicable law. The information you submit may be used by Human Resources or other appropriate personnel to engage in an interactive process to determine eligibility for and to identify possible accommodations. If you refuse to provide such information, your refusal may impact Forte’s ability to approve or otherwise process your request.

To request a medical exemption from the COVID-19 vaccination, please complete Section 1 below and have your medical provider complete Section 2 before returning this form via email to Forte’s Human Resources Manager, Lisa Glon, at lisa@forteresidential.org.

Section 1 – To be completed by Covered Staff Member

| | |
|--------------------------------------|------------------|
| Name (print): | Date: |
| Manager/Supervisor/Point of Contact: | Position: |
| Email Address: | Work/Cell Phone: |

I am requesting a medical exemption from or delay of Forte HHC’s Mandatory Vaccination Policy.

I affirm that the information I am submitting to substantiate my request for exemption 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 further understand that my employer is not required to grant this exemption if doing so would pose a direct threat to myself or others in the workplace or would create an undue hardship for my employer.

| | |
|---------------------------------|-------|
| Covered Staff Member Signature: | Date: |
|---------------------------------|-------|

Section 2 – To be completed by Medical Provider

Medical Certification for Exemption from COVID-19 Vaccination

Covered Staff Member Name: _____

Dear Medical Provider,

The individual named above is seeking an exemption to Forte Home Health Care, Inc.’s COVID-19 Mandatory Vaccination Policy due to medical contraindications.

Please complete this form to assist in the exemption review process.

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| <p>The individual named above should not receive any of the currently available types or brands of COVID-19 vaccine due to:</p> |
| <p>The individual’s need to avoid COVID-19 vaccination is:</p> <p><input type="checkbox"/> Temporary, expiring on: __/__/____, or when _____</p> <p><input type="checkbox"/> Permanent</p> |

I certify that I am a licensed practitioner (who is not the individual requesting the exemption) and am acting within my respective scope of practice based on applicable state and local laws. I further certify the above information to be true and accurate and request exemption from the COVID-19 vaccination requirement for the above-named individual.

| | |
|--------------------------------|-----------------|
| Medical Provider Name (print): | |
| Medical Provider Signature: | Date: |
| Practice Name and Address: | Provider Phone: |

HUMAN RESOURCES USE ONLY

Date of initial request: __/__/____

Date certification received: __/__/____

Exemption or request for delay:

Approved: __/__/____

Describe specific accommodation details, if any:

Denied: __/__/____

Describe why exemption is denied:
