

Safety is a core value of Hartford HealthCare Corporation and its affiliates (collectively, "HHC"). To better protect the safety of our patients, colleagues, and community, HHC requires all employed colleagues to be immunized from certain infectious diseases to reduce the likelihood of transmission in the workplace, unless an exemption request is approved by HHC. All exemption requests will be reviewed by the Vaccine Medical Exemption Review Committee.

| | |
|-----------------|----------------|
| Colleague Name: | Date of Birth: |
| Job Title: | Department: |

COMPLETED BY MEDICAL PROVIDER

| | |
|-----------------|----------------------|
| Provider Name: | Specialty: |
| Street Address: | City/State/Zip Code: |
| Telephone: | Fax: |

Request Exemption or Postponement for (check all that apply):

- Influenza
- MMR
- Varicella
- Tdap

Reason for Exemption (check all that apply):

- Documented history of a severe allergy or immediate-type allergic reaction to any ingredient or component
- Documented history of a severe (life threatening) or immediate-type hypersensitivity reaction to a previous dose
- Guillain-Barre Syndrome (GBS) within 6 weeks of a previous dose of flu vaccine (IIV or LAIV)
- Other (specify reason below)

Reason for Postponement (check all that apply):

- Pregnancy with a supporting medical contraindication -- Date vaccine can be received: _____
Expected delivery date: _____
- COVID-19 positive -- Date vaccine can be received: _____
- Upcoming surgery -- Date vaccine can be received: _____
- Medication-induced immunocompromised -- Date vaccine(s) can be received: _____
- Other (specify reason below) -- Date vaccine(s) can be received: _____

Please specify the medical condition(s) causing the indicated vaccine(s) to be clinically contraindicated. If multiple vaccines are indicated above, please provide an explanation for each vaccine, if different. (Attach additional sheets as necessary)

SUPPORTING DOCUMENTATION MUST BE ATTACHED TO THIS FORM (progress/visit note, specialist notes, labs, etc.)

By signing this form, I certify that I am a licensed practitioner acting within my respective scope of practice as defined by applicable law, and that the colleague named above is under my care for the stated medical condition(s) preventing receipt of the indicated vaccine(s). I further certify, that in my medical opinion, the indicated vaccine(s) are clinically contraindicated and should not be received by the colleague, except as otherwise provided above.

Provider Signature: _____ **Date:** _____

Vaccine Medical Exemption or Postponement How to Submit

Important Tips for a Complete Submission:

- Have your provider complete the Medical Exemption or Postponement Request Form
- Requests without a completed Medical Exemption or Postponement Request Form and supporting documentation completed by your medical provider will not be reviewed**
- You can submit for a medical exemption or postponement for multiple vaccinations in one request
- Confirm that all information is correct before clicking Submit
- Allow up to 2 weeks for processing and review

If you need help, ask Colleague Health Services - ColleagueHealth@hhchealth.org

How to Submit:

Step 1: Click on the following link: <https://redcap.hhchealth.org/surveys/?s=LTP7CAANWTCCJM3>

Step 2: Click on the link for 'Vaccine Medical Exemption or Postponement'

Step 3: Complete the requested information – we can't process your request if this information is missing

Existing Colleagues:

Answer No to 'Are you a new hire?'

New Hire:

Answer Yes to 'Are you a new hire?'

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Your First Name:

Your Last Name:

Date of Birth: M-D-Y

Are you a new hire? reset

We will use your HHC email address to make sure we have your correct information.
If you do not know your HHC email, you can type in your first name.last name (example: john.doe).

INSTRUCTIONS

1. Start typing in your HHC email address in the box below
2. Click on your email from the drop-down list
3. Type in your HHC email address again and click to select

Do not click the drop-down arrow as it will take several minutes to open.
Please turn off any auto-fill features on your web browser.

HHC Email Address

Please confirm your HHC Email Address

Are you able to check your HHC email? reset

Step 4: Click Submit

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Your First Name:

Your Last Name:

Date of Birth: M-D-Y

Are you a new hire? reset

Please provide an alternate email address for communications.

If you have been given your HHC Employee ID Number, please provide it.

Step 5: Complete the online form

Answer if you have a completed Medical Exemption or Postponement Form

If Yes, upload the completed form

If No, download the form and have completed by your provider



Medical Exemption or Postponement Request Form

For your request to be reviewed, the HHC Medical Exemption or Postponement Request Form with supporting documentation must be completed by your medical provider.

If you do not include this information your request will not be processed.

Do you have a **completed** Medical Exemption or Postponement Request Form? Yes No [reset](#)

Please upload a scan, image or pdf of the Medical Exemption or Postponement Request Form here.

[Upload file](#)

Medical Exemption or Postponement Request Form

For your request to be reviewed, the HHC Medical Exemption or Postponement Request Form with supporting documentation must be completed by your medical provider.

If you do not include this information your request will not be processed.

Do you have a **completed** Medical Exemption or Postponement Request Form? Yes No [reset](#)

Please download the form and have it filled out by your medical provider. You can submit your request once the form is completed.

Attachment: [Medical Exemption or Postponement Request Form.pdf](#) (0.06 MB)

Click on the Exemption or Postponement button next to the vaccine(s) you are requesting and upload supporting documents

Hartford HealthCare

Medical Exemption or Postponement Request

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Click on the Exemption or Postponement button next to the vaccine(s) you are submitting a request for.

If you are requesting a postponement, please enter the end date.

| Vaccine | Exemption or Postponement Button | Postponement End Date |
|-----------|--|-----------------------|
| Influenza | <input type="radio"/> Exemption <input type="radio"/> Postponement reset | |
| MMR | <input type="radio"/> Exemption <input type="radio"/> Postponement reset | |
| Varicella | <input type="radio"/> Exemption <input type="radio"/> Postponement reset | |
| Tdap | <input type="radio"/> Exemption <input type="radio"/> Postponement reset | |

Please attach supporting documentation needed for your request.

If you have multiple pages, please scan them into a single document before uploading them.

[Upload file](#)

Step 6: Sign (click Add Signature) and Date (click Today)

Click to add signature:

[Add signature](#)

Date:

Today

Step 7: Click Submit

Vaccine Religious Exemption How to Submit

Important Tips for a Complete Submission:

- There is no need to upload additional documents (religious requests can be totally paperless)
- You can submit for a religious exemption for multiple vaccinations in one request
- Confirm that all information is correct before clicking Submit
- Allow up to 2 weeks for processing and review

If you need help, ask Colleague Health Services - ColleagueHealth@hhchealth.org

How to Submit:

Step 1: Click on the following link: <https://redcap.hhchealth.org/surveys/?s=LTP7CAANWTCCJM3>

Step 2: Click on the link for 'Vaccine Religious Exemption'

Step 3: Complete the requested information – we can't process your request if this information is missing

Existing Colleagues:

Answer No to 'Are you a new hire?'

New Hire:

Answer Yes to 'Are you a new hire?'

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Religious Exemption Request

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Your First Name:

Your Last Name:

Date of Birth: M-D-Y

Are you a new hire? [reset](#)

We will use your HHC email address to make sure we have your correct information.
If you do not know your HHC email, you can type in your first name.last name (example: john.doe).

INSTRUCTIONS

1. Start typing in your HHC email address in the box below
2. Click on your email from the drop-down list
3. Type in your HHC email address again and click to select

Do not click the drop-down arrow as it will take several minutes to open.
Please turn off any auto-fill features on your web browser.

HHC Email Address

Please confirm your HHC Email Address

Do you have access to your HHC email address? [reset](#)

Hartford HealthCare AAA

Religious Exemption Request

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Your First Name:

Your Last Name:

Date of Birth: M-D-Y

Are you a new hire? [reset](#)

Please provide an alternate email address for communications.

If you have been given your HHC Employee ID Number, please provide it.

Step 4: Click Submit

Step 5: Complete the online form

Click on the vaccine(s) you are requesting an exemption for

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Religious Exemption Request
Page 1 of 2
Click on each vaccine you are requesting an exemption for and answer all questions that display.
To maintain privacy, do not type your name in any of your answers.

Influenza

MMR

Varicella

Tdap

Then answer the questions

Do not type your name or any personal identifiers (i.e. work location) in your answers

Influenza

Have you received an Influenza immunization in the past? reset

Does the Influenza vaccine(s) contain any ingredients or components that prevent immunization due to your religious beliefs, practices, or observances? reset

Please provide a written statement detailing your sincerely held religious belief, practice, or observance, and an explanation of how your sincerely held religious belief, practice, or observance prevents you from receiving the Influenza vaccine(s).

Please do not provide names or other information that would specifically identify you.

Step 6: Sign (click Add Signature) and Date (click Today)

Click to add signature:

 [Add signature](#)

Date:



Step 7: Click Submit

Respirator Exemption How to Submit

Important Tips for a Complete Submission:

- Medical requests: Complete the OSHA questionnaire (this does not need to be completed by your provider)

Requests without a completed OSHA questionnaire will not be reviewed

- Religious requests: There is no need to upload additional documents (religious requests can be totally paperless)

- Confirm that all information is correct before clicking Submit

- Allow up to 2 weeks for processing and review

If you need help, ask Colleague Health Services - ColleagueHealth@hhhealth.org

How to Submit:

Step 1: Click on the following link: <https://redcap.hhhealth.org/surveys/?s=LTP7CAANWTCCJM3>

Step 2: Click on the link for 'Respirator Exemption'

Step 3: Complete the requested information – we can't process your request if this information is missing

Existing Colleagues:

Answer No to 'Are you a new hire?'

New Hire:

Answer Yes to 'Are you a new hire?'

Step 4: Click Submit

Step 5: Complete the online form

Answer the questions

Respirator Exemption Request

Do you work within six (6) feet of COVID-19 or persons under investigation for COVID-19 (PUIs)?
This includes check-in and pre-screening.

Yes No [reset](#)

Do you work with patients on airborne precautions?

Yes No [reset](#)

Do you perform aerosol generating procedures (AGPs)?

Yes No [reset](#)

Are you able to wear a respirator and/or a fit testing hood?

Yes No [reset](#)

Then, when prompted, select the type of exemption you are requesting and answer any supporting questions

What type of exemption are you requesting?

Medical Religious [reset](#)



For medical requests, the OSHA questionnaire must be completed to process the request

Step 6: Sign (click Add Signature) and Date (click Today)

Click to add signature:

 [Add signature](#) 

Date:

Step 7: Click Submit