Banner Health

Request for Medical Exemption from COVID-19 Vaccine

Only evidence-based medical contraindications against the COVID-19 vaccine confirmed by a licensed health care provider (MD, DO, or NP) will be accepted as support for an exemption request. Acceptable medical contraindications may be re-assessed as necessary. All requests shall be reviewed by the Banner Occupational Health Medical Director or their designee.

This Medical Exemption form must be completed by an individual's provider (MD, DO, or NP only) and returned as outlined below:

- **Team Members, volunteers, medical staff, external contract labor and students:** Forms may be returned by fax to Occupational Health at 602-839-0383 or scanned & emailed to OHSCOVID-19Mailbox@bannerhealth.com.
- **Vendors:** Forms should be submitted to the vendor's company and must be maintained for inspection upon request by Banner Health.

This section to be completed by the requestor

I have completed the COVID-19 Vaccine Exemption Request training module in MyHR|Workday on exemption requests[1]

YES☐ NO ☐

(This form will not be accepted unless the above module has been completed)

I request an exemption from the COVID-19 vaccine requirement due to a medical contraindication. I understand:

- if the exemption is approved, Banner Health will explore and, if possible, implement a reasonable accommodation that will allow me to perform my job;
- accommodations may include continuous masking, frequent PCR testing, additional PPE requirements, and other measures as COVID-19 and business circumstances warrant.

☐ Team Member ☐ Student ☐ Medical Staff/Allied Health

☐ Volunteer ☐ External Contract Labor ☐ Vendor

Employee ID # (MS4#, etc.)	Name (Print)	Signature
Phone Number	Email	
Date of Request	Date of Birth	Supervisor's Name (Print)

This section should be completed by the individual's Provider (MD, DO, or NP only)

I have read the vaccine information provided (pages 2-4) and have evaluated the above individual. I hereby attest that this individual has one of the contraindications to the COVID-19 vaccine. **Please check box:**

☐ Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine

☐ Immediate allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine

☐I certify this individual is pregnant with estimated delivery date: _____. After informing the individual that vaccination is recommended in pregnancy, exemption was still requested by individual.

☐I hereby attest that this individual should delay receipt of COVID vaccination due to the following:

Reason: _____

_____

_____

Provider Name (MD, DO, NP only) (Print)	Provider (MD, DO, NP only) (Signature)	Date Signed
Date Evaluated	Provider Phone Number	Patient Date of Birth

FOR INTERNAL BANNER HEALTH OCCUPATIONAL HEALTH USE ONLY		
Banner Provider Name:	Approved: YES ☐ NO ☐	Date:

For questions regarding medical contraindications, contact Banner Occupational Health at 602.255.7636.

[1]Non-Banner health team members should consult with their leader to obtain access to the required learning module. The completion certificate must accompany this request form.

Banner Health

Provider Fact Sheet

Guidelines for Determining Contraindications or Clinical Considerations for possible delays in receipt of COVID-19 vaccine

Information Source: Centers for Disease Control and American College of Obstetricians and Gynecologists.

Vaccine Ingredients: Polyethylene glycol (PEG) is an ingredient in both mRNA COVID-19 vaccines, and polysorbate 80 is an ingredient in Janssen COVID-19 vaccine. PEG and polysorbate are structurally related, and cross-reactive hypersensitivity between these compounds may occur. People with a contraindication to one of the mRNA COVID-19 vaccines should not receive doses of either of the mRNA vaccines (Pfizer-BioNTech or Moderna). However, people with a contraindication to mRNA COVID-19 vaccines may be able to receive Janssen COVID-19 vaccine, and vice versa, provided certain measures are taken (see "precautions" below). Known polysorbate allergy is no longer a contraindication to mRNA vaccination; however, known polysorbate allergy is a contraindication to Janssen COVID-19 vaccine and thus, a precaution to mRNA COVID-19 vaccination.

Contraindications: Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to component of the COVID-19 vaccine, **OR** an immediate (within 4 hours of exposure) allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine.

Precautions: Most people deemed to have a precaution to a COVID-19 vaccine at the time of their vaccination appointment can and should be administered vaccine. CDC considers a history of an immediate allergic reaction to any other vaccine or injectable therapy (i.e., intramuscular, intravenous, or subcutaneous vaccines or therapies [excluding subcutaneous immunotherapy for allergies, i.e., "allergy shots"]) as a precaution but not a contraindication to vaccination. People with a history of an immediate allergic reaction to a vaccine or injectable therapy that contains multiple components, one or more of which is a component of a COVID-19 vaccine, have a precaution to vaccination with that COVID-19 vaccine, even if it is unknown which component elicited the allergic reaction.
People with a contraindication to one type of the currently authorized COVID-19 vaccines (e.g., mRNA) have a precaution to the other (e.g., Janssen viral vector). However, because of potential cross-reactive hypersensitivity between ingredients in mRNA and Janssen COVID-19 vaccines, consultation with an allergist-immunologist should be considered to help determine if the patient can safely receive vaccination.

Neither contraindications nor precautions: Allergic reactions (including severe allergic reactions) not related to vaccines (COVID-19 or other vaccines) or injectable therapies, such as allergic reactions related to food, pet, venom, or environmental allergies, or allergies to oral medications (including the oral equivalents of injectable medications), are **not** a contraindication or precaution to COVID-19 vaccination. The vial stoppers of COVID-19 vaccines are not made with natural rubber latex, and there is no contraindication or precaution to vaccination for people with a latex allergy. In addition, because the COVID-19 vaccines do not contain eggs or gelatin, people with allergies to these substances do not have a contraindication or precaution to vaccination.

Coadministration with other vaccines: COVID-19 vaccines and other vaccines **may now be administered without regard to timing**. This includes simultaneous administration of COVID-19 vaccine and other vaccines on the same day, as well as coadministration within 14 days. It is unknown whether reactogenicity of COVID-19 vaccine is increased with coadministration, including with other vaccines known to be more reactogenic, such as adjuvanted vaccines or live vaccines. When deciding whether to coadminister another vaccine(s) with COVID-19 vaccine, vaccination providers should consider whether the patient is behind or at risk of becoming behind on recommended vaccines, their risk of vaccine-preventable disease (e.g., during an outbreak or occupational exposures), and the reactogenicity profile of the vaccines.

People with prior or current SARS-CoV-2 infection: People should be offered vaccination regardless of their history of symptomatic or asymptomatic SARS-CoV-2 infection; this includes people with prolonged post-COVID-19 symptoms. Data from clinical trials indicate that the currently authorized COVID-19 vaccines can be given safely to people with evidence of a prior SARS-CoV-2 infection. Viral testing to assess for acute SARS-CoV-2 infection or serologic testing to assess for prior infection is not recommended for the purposes of vaccine decision-making.

Vaccination of people with known current SARS-CoV-2 infection should be deferred until the person has recovered from the acute illness (if the person had symptoms) and they have met criteria to discontinue isolation. This recommendation applies to people who experience SARS-CoV-2 infection before receiving any vaccine dose and those who experience SARS-CoV-2 infection after the first dose of an mRNA vaccine but before receipt of the second dose.

While there is no recommended minimum interval between infection and vaccination, current evidence suggests that the risk of SARS-CoV-2 reinfection is low in the months after initial infection but may increase with time due to waning immunity.

People with a history of multisystem inflammatory syndrome in adults (MIS-A): People with a history of MIS-A should consider delaying vaccination until they have recovered from their illness and for 90 days after the date of diagnosis of MIS-A, recognizing that the risk of reinfection and, therefore, the benefit from vaccination, might increase with time following initial infection.

For people who develop MIS-A that is associated with a confirmed SARS-CoV-2 infection but occurs after receipt of a COVID-19 vaccine, referral to a specialist in infectious diseases, rheumatology, or cardiology should be considered. Healthcare professionals and health departments may also request a consultation from the Clinical Immunization Safety Assessment COVIDvax.

People who previously received passive antibody therapy: Currently, there are no data on the safety and efficacy of COVID-19 vaccines in people who received monoclonal antibodies or convalescent plasma as part of COVID-19 treatment. Based on the estimated half-life of such therapies and evidence suggesting that reinfection is uncommon in the 90 days after initial infection, vaccination should be deferred for at least 90 days. This is a precautionary measure until additional information becomes available, to avoid potential interference of the antibody therapy with vaccine-induced immune responses. This recommendation applies to people who receive passive antibody therapy before receiving any vaccine dose and to those who receive passive antibody therapy after the first dose of an mRNA vaccine but before the second dose, in which case the second dose should be deferred for at least 90 days following receipt of the antibody therapy. Receipt of passive antibody therapy in the past 90 days is not a contraindication to receipt of COVID-19 vaccine. COVID-19 vaccine doses received within 90 days after receipt of passive antibody therapy do not need to be repeated.

For people receiving antibody therapies not specific to COVID-19 treatment (e.g., intravenous immunoglobulin, RhoGAM), administration of COVID-19 vaccines either simultaneously with or at any interval before or after receipt of an antibody-containing product is unlikely to substantially impair development of a protective antibody response. Thus, there is no recommended minimum interval between antibody therapies not specific to COVID-19 treatment and COVID-19 vaccination.

Myocarditis or pericarditis after receipt of the first dose of an mRNA COVID-19 vaccine (i.e. Pfizer and Moderna) series but before administration of the second dose: It is unclear if people who developed myocarditis or pericarditis after a first dose of an mRNA COVID-19 vaccine may be at increased risk of further adverse cardiac effects following a second dose of the vaccine. Until additional safety data are available, experts recommend that people who develop myocarditis or pericarditis after a first dose of an mRNA COVID-19 vaccine defer receiving the second dose.

Thrombosis with thrombocytopenia syndrome (TTS) associated with the Janssen COVID-19 vaccine: Women aged <50 years can receive any FDA-authorized COVID-19 vaccine. However, they should be aware of the rare risk of TTS after receipt of the Janssen COVID-19 vaccine and the availability of other FDA-authorized COVID-19 vaccines (i.e., mRNA vaccines). The highest rates of TTS per vaccine doses administered were identified in women <50 years of age. At the time of ACIP's review, TTS reporting rates to VAERS were 7.0 cases per million Janssen COVID-19 vaccine doses administered to women ages 18–49 years and 0.9 per million to women ages ≥50 years.

Although the etiology of TTS associated with the Janssen COVID-19 vaccine is unclear, it appears to be similar to another rare immune-mediated syndrome, heparin-induced thrombocytopenia (HIT). Until more information becomes available, experts advise that persons with a history of an episode of an immune-mediated syndrome characterized by thrombosis and thrombocytopenia, such as HIT, should be offered another FDA-authorized COVID-19 vaccine (i.e., mRNA vaccine, i.e., Pfizer or Moderna) if it has been ≤90 days since their illness resolved. After 90 days, patients may be vaccinated with any FDA-authorized COVID-19 vaccine. Thus, there is no need to delay vaccination in women <50 years of age.

Vaccination of pregnant or lactating people: COVID-19 vaccination is recommended for all people aged 12 years and older, including people who are pregnant, lactating, trying to get pregnant now, or might become pregnant in the future. Any of the currently FDA-authorized COVID-19 vaccines can be administered to people in these groups; ACIP does not state a product preference. However, women aged <50 years should be aware of the rare risk of TTS after receipt of the Janssen COVID-19 vaccine and the availability of other currently FDA-authorized COVID-19 vaccines (i.e., mRNA vaccines) for which this risk has not been seen. See also People with a history of thrombosis or risk factors for thrombosis. There is no evidence that any of the COVID-19 vaccines affect current or future fertility.

COVID-19 vaccination is recommended for all people aged 12 years and older, including lactating people. There are limited data on the safety of COVID-19 vaccines in lactating people or the effects of COVID-19 vaccines on the breastfed infant, milk production, and secretion. However, the currently FDA-authorized COVID-19 vaccines (i.e., mRNA vaccines and a non-replicating viral vector vaccine) cannot cause infection in either the lactating person or the infant. Recent reports have shown that the antibodies developed from mRNA COVID-19 vaccination were present in breastmilk samples.

COVID-19 vaccination is recommended for all people aged 12 years and older, including people trying to get pregnant now or who might become pregnant in the future. There is no recommendation for routine pregnancy testing before receipt of a COVID-19 vaccine. Those who are trying to become pregnant do not need to avoid pregnancy after COVID-19 vaccination. There is currently no evidence that any vaccines, including COVID-19 vaccines, cause fertility problems.

The American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal-Fetal Medicine (SMFM), the two leading organizations representing specialists in obstetric care, recommend that all pregnant individuals be vaccinated against COVID-19. The organizations' recommendations in support of vaccination during pregnancy reflect evidence demonstrating the safe use of the COVID-19 vaccines during pregnancy from tens of thousands of reporting individuals over the last several months, as well as the current low vaccination rates and concerning increase in cases.

Immunocompromised people: The currently FDA-authorized COVID-19 vaccines are not live vaccines and therefore can be safely administered to immunocompromised people, including people with HIV infection or other immunocompromising conditions or people who take immunosuppressive medications or therapies.

People with autoimmune conditions: People with autoimmune conditions were enrolled in COVID-19 vaccine clinical trials. Safety and efficacy of vaccines in this population were similar to the general population. People with autoimmune conditions may receive any currently FDA-authorized COVID-19 vaccine. If people with these conditions are immunocompromised because of medications such as high-dose corticosteroids or biologic agents, they should follow the considerations for immunocompromised people.

CALIFORNIA TEAM MEMBERS ONLY: In accordance with a *California Public Health Order*, information disclosing an underlying medical condition or disability is not required to be included on the medical exemption form