

# City of Philadelphia

## **Request for Medical Exemption from COVID-19 Vaccination** **(Please print legibly)**

Name: \_\_\_\_\_

Department: \_\_\_\_\_ Unit: \_\_\_\_\_

Supervisor: \_\_\_\_\_

The City of Philadelphia's mandate regarding the COVID-19 vaccination may allow for a medical exemption if they have obtained a medical exemption from their health care provider. Medical exemptions must include;

- a statement signed by a licensed healthcare provider that states the exemption applies to the specific individual submitting the certification
  - a **"licensed healthcare provider" is defined as a physician, certified nurse practitioner, or physician assistant licensed by an authorized state licensing board.**
- specific reason why the COVID-19 vaccine is medically contraindicated for the individual.

**Medical exemptions must be requested annually.** If approved, the exemption will remain in effect for one year. Individuals with approved exemptions may request to recertify exemptions each year.

Individuals with an approved exemption will be required to comply with additional preventive requirements as specified in the exemption approval. These requirements may be amended in order to protect all members of the communities we serve.

This request will be reviewed, approval is not guaranteed. After your request has been reviewed and processed, you will be notified, in writing, if an exemption has been granted or denied. The decision is final and not subject to appeal. Individuals are permitted to reapply if new documentation and information should become available.

**Important Note:** Please note that requesting a medical immunization exemption does not equate to a workplace medical accommodation.

Medical exemption process:

- **Complete and sign the following page(s) of this form**
- **Complete the Personal Statement Form**
- **Submit a certification signed by a licensed healthcare provider as defined above.**
- **Include facts explaining why the exemption applies to the specific individual submitting the certification because the vaccine is contraindicated for the specific individual**
- **Submit all the completed documents**

*Incomplete submissions will not be reviewed. Be sure all forms and documentation are submitted at the same time.*

# City of Philadelphia

Print Name: \_\_\_\_\_

Department: \_\_\_\_\_

Date: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Initial next to each of the statements below:

I request exemption from the COVID-19 vaccination requirement due to a medically contraindicated reason.	
I understand and assume the risks of non-vaccination and accept full responsibility for my health.	
I certify the medical documentation attached is, to the best of my knowledge, accurate and correct.	
I understand that as I am not vaccinated, to protect my own health and the health of the community, I will comply with assigned COVID-19 testing requirements and other preventive guidance for unvaccinated individuals.	
I acknowledge there may be disciplinary action if any of the information I provided in support of this exemption is false.	

By checking this box and typing/print my name above, I understand and agree that I am submitting this document electronically and this it is the legal equivalent of having placed my handwritten signature on the submitted document.

The individual must also acknowledge the information on the exemption request is true and accurate. Section 1-108 of the Philadelphia Code uses the following language:

**"I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein, I am subject to such penalties as may be prescribed by statute or ordinance."**

Signed \_\_\_\_\_

Date \_\_\_\_\_

## Accommodations for Exemptions

Employees granted an exemption must comply with requirements set forth by the department including the following:

- 1. Routine Testing:** Exempt individuals must be tested by a PCR test or an antigen test for COVID-19 at least twice (2x) per week. The two tests should be spread out appropriately over the week, but there is not a required time interval to account for varying schedules.

**Once you have completed this document, submit, along with all documentation, to the Employee Relations Unit by emailing to [EmployeeVax@Phila.gov](mailto:EmployeeVax@Phila.gov) or provide to your HR Manager**