



REQUEST FOR A MEDICAL EXCEPTION TO THE COVID-19 VACCINATION REQUIREMENT

The Centers for Medicare & Medicaid Services (CMS) issued a rule requiring COVID-19 vaccinations for workers in most health care settings, including senior living communities, that participate in the Medicare and Medicaid programs, with exceptions only as required by law. Caregivers may seek a legal exception to the vaccination requirement due to a disability, using the form below. The purpose of this form is to start the accommodation process and help KARE and the senior living community which requested a caregiver (forthwith identified as "the entities") determine whether you may be eligible for a medical exemption. The entities may also ask for other information, as needed. Requests for "medical accommodation" or "medical exceptions" will be treated as requests for a disability accommodation and evaluated and decided under applicable Rehabilitation Act standards for reasonable accommodation absent undue hardship to the entities. An caregiver may also request a delay for complying with the vaccination requirement based on certain medical considerations that may not justify an exception under the Rehabilitation Act. Safer Federal Workforce Task Force guidance on medical considerations that may warrant a delay is available [here](#). The entities will be required to keep confidential any medical information provided, subject to the applicable Rehabilitation Act standards. Caregivers who receive an exception or a delay from the vaccination requirement would instead comply with alternative health and safety protocols.

Signing this form constitutes a declaration that the information you provide is true and correct to the best of your knowledge and ability.

To request a medical exception or delay from the COVID-19 vaccination requirement using this form:

1. You must complete Part 1 of this form.
2. Your medical provider must complete Part 2 of this form.
3. When both are completed, you must submit the form to KARE under the Medical Exemption document on the Heroes mobile app.

Part 1 – To Be Completed by the Caregiver (KARE HERO)

Name	Date Birth
Email	Phone Number

Medical or Disability Exception Request

I am requesting a medical exception to the requirement for COVID-19 vaccination or a delay because of a temporary condition or medical circumstance. I declare that the information I have provided is true and correct to the best of my knowledge and ability.

Caregiver Signature

Print Name

Date

Part 2 – To be Completed by the Caregiver's Medical Provider

Caregiver Name

Medical Certification for COVID-19 Vaccine Exception

Dear Medical Provider:

The Centers for Medicare & Medicaid Services (CMS) issued a rule requiring COVID-19 vaccinations for workers in most health care settings, including senior living communities, that participate in the Medicare and Medicaid programs, with exceptions only as required by law. The individual named above is seeking a medical exception to the requirement for COVID-19 vaccination or a delay because of a temporary condition or medical circumstance. Please complete this form to assist KARE and the senior living community which requested a caregiver through the KARE platform in its reasonable accommodation process.

Please provide at least the following information, where applicable:

1. The applicable contraindication or precaution for COVID-19 vaccination, and for each contraindication or precaution, indicate: (a) whether it is recognized by the CDC pursuant to its guidance; and (b) whether it is listed in the package insert or Emergency Use Authorization fact sheet for each of the COVID-19 vaccines authorized or approved for use in the United States;
2. A statement that the individual's condition and medical circumstances relating to the individual are such that COVID-19 vaccination is not considered safe, indicating the specific nature of the medical condition or circumstances that contraindicate immunization with a COVID-19 vaccine or might increase the risk for a serious adverse reaction; and
3. Any other medical condition that would limit the caregiver from receiving any COVID-19 vaccine.

Description of the medical condition for which the caregiver listed above should be excepted from complying with a COVID-19 vaccination requirement:

The condition described above is:

temporary

long-term

If this is a temporary condition or medical circumstance, when it is expected to end or expire (allowing for COVID-19 vaccination to begin after the date you provided):

Medical Provider Name/Title

Medical Provider Signature

Date