



## Staff Request for Exemption from COVID-19 Vaccine

Name (please print legibly) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Work Location/Employer \_\_\_\_\_

Job Title/Position \_\_\_\_\_

Northern Light Employee # (for employees) \_\_\_\_\_

Non-Northern Light Employee Full SS# (Required) \_\_\_\_\_

For Non-Northern Light Employees –  
Please check box indicating your position  
☐ Non-Employed Credentialed Medical Staff  
☐ Contractor ☐ Travel Nurse  
☐ Locum Tenens ☐ Volunteer ☐ Other  
☐ Student

Phone (with area code) \_\_\_\_\_ Email \_\_\_\_\_

I request an exemption from the COVID-19 Vaccine requirements for the following reason:

☐ I have a bona fide medical contraindication. (Complete below.)

NLH reserves the right to request additional information from you and/or others regarding the basis for the request for exemption.

### A. Medical Exemption:

A licensed health care provider must complete the following section.

Health care provider: Please complete the following: (Please explain in detail and attach additional pages, if necessary)

☐ \_\_\_\_\_ has had an anaphylactic reaction to a component in the COVID-19 vaccine.

Name of component(s) \_\_\_\_\_ Date of last reaction \_\_\_\_\_

☐ Employee received COVID-19 monoclonal antibodies on date: \_\_\_\_\_

☐ Other, please provide detailed explanation.

I certify that the above information is true and accurate, and request a medical exemption from the COVID-19 vaccination requirement for the above-named individual.

Health care provider name and licensure: \_\_\_\_\_

Health care provider address: \_\_\_\_\_

Health care provider signature: \_\_\_\_\_

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



Name \_\_\_\_\_ DOB \_\_\_\_\_ Employee ID# \_\_\_\_\_

I understand and acknowledge that:

- ☐ COVID-19 is a serious respiratory disease that is highly contagious.
- ☐ I may be excluded from work in accordance with current public health concerns as deemed appropriate by NLH, and/or State and Federal laws, rules, and regulations in the event of an outbreak if I have not received the COVID-19 vaccination.
- ☐ There are increased PPE requirements and surveillance testing required for unvaccinated staff. Failure to abide by these restrictions may result in disciplinary and/or corrective action, including removal from the schedule where deemed necessary.
- ☐ I understand and agree to submit to surveillance testing for COVID 19 as determined appropriate by NLH.
- ☐ My vaccine/declination record may be shared with other Northern Light Member Organizations and Providers.
- ☐ I hereby consent and agree to release my medical information to NLH and for my health care provider(s) to release such information to NLH for the purposes of evaluating my request for an exemption.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<b>Exemption Approval Status</b>			
<input type="checkbox"/> Approved <input type="checkbox"/> Denied			
Approved by		Approval Date	



PLEASE SEND COMPLETED EXEMPTION REQUEST TO THE APPROPRIATE CONTACT LISTED BELOW

Acadia Hospital	Melissa Scott	<a href="mailto:mscott@northernlight.org">mscott@northernlight.org</a>
AR Gould Hospital	Joe Siddiqui	<a href="mailto:ysiddiqui@northernlight.org">ysiddiqui@northernlight.org</a>
Beacon Health	Sean Ward	<a href="mailto:sward@northernlight.org">sward@northernlight.org</a>
Blue Hill Hospital	Noah Lundy	<a href="mailto:nlundy@northernlight.org">nlundy@northernlight.org</a>
CA Dean Hospital	James Godley	<a href="mailto:jgodley@northernlight.org">jgodley@northernlight.org</a>
Continuing Care Mars Hill	Joe Siddiqui	<a href="mailto:ysiddiqui@northernlight.org">ysiddiqui@northernlight.org</a>
Eastern Maine Medical Center	Ali Worster	<a href="mailto:aworster@northernlight.org">aworster@northernlight.org</a>
Home Care & Hospice	Human Resources	<a href="mailto:homecarehr@northernlight.org">homecarehr@northernlight.org</a>
Home Office	Sean Ward	<a href="mailto:sward@northernlight.org">sward@northernlight.org</a>
Inland Hospital	Tammy Hatch	<a href="mailto:thatch@northernlight.org">thatch@northernlight.org</a>
Laboratory	Noah Lundy	<a href="mailto:nlundy@northernlight.org">nlundy@northernlight.org</a>
LifeFlight	Ali Worster	<a href="mailto:aworster@northernlight.org">aworster@northernlight.org</a>
Continuing Care Lakewood	Tammy Hatch	<a href="mailto:thatch@northernlight.org">thatch@northernlight.org</a>
Maine Coast Hospital	Noah Lundy	<a href="mailto:nlundy@northernlight.org">nlundy@northernlight.org</a>
Mayo Hospital	James Godley	<a href="mailto:jgodley@northernlight.org">jgodley@northernlight.org</a>
Medical Transport	Noah Lundy	<a href="mailto:nlundy@northernlight.org">nlundy@northernlight.org</a>
Mercy Hospital	Jenny Hutchins	<a href="mailto:hutchinsj@northernlight.org">hutchinsj@northernlight.org</a>
Pharmacy	Noah Lundy	<a href="mailto:nlundy@northernlight.org">nlundy@northernlight.org</a>
Sebasticook Valley Hospital	Tammy Hatch	<a href="mailto:thatch@northernlight.org">thatch@northernlight.org</a>
Work Health	Sean Ward	<a href="mailto:sward@northernlight.org">sward@northernlight.org</a>
Locum Tenens Travelers	Provider Recruitment Talent Acquisition	<a href="mailto:providerjobs@northernlight.org">providerjobs@northernlight.org</a> <a href="mailto:talent@northernlight.org">talent@northernlight.org</a>