

## Request for Medical Exemption

### FROM ANY REQUIRED VACCINATION

*(COVID has separate exemption form)*

<b>Name</b> _____  <b>DOB</b> (month/day/year) ____/____/____  <b>Employee ID</b> (for NLH employees) _____  <b>Preferred Email</b> _____  <b>Phone</b> (with area code) (____) ____ - ____	<b>Work Location/Employer</b> _____  <b>Job Title</b> _____  <div style="background-color: #f2f2f2; padding: 2px; border: 1px solid #ccc;"> <b>NON-NLH EMPLOYED</b> <span style="float: right; font-size: 0.8em;"><i>Someone who does not receive a paycheck from a Northern Light member</i></span> </div> <b>Full SS#</b> (required) _____ - _____ - _____  <b>Position</b> <input type="checkbox"/> Contractor <input type="checkbox"/> Travel Nurse <input type="checkbox"/> Student <input type="checkbox"/> Non-Employed Credentialed Medical Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Other _____
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### EMPLOYEE SEEKING EXEMPTION

**I request an exemption from the following Vaccine Requirements** (check the boxes for which you are requesting an exemption)

- |  |                                      |   |
|--|--------------------------------------|---|
| <input type="checkbox"/> Measles (Rubeola)   | <input type="checkbox"/> Mumps       | <input type="checkbox"/> Rubella (German Measles) |
| <input type="checkbox"/> Varicella   | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Seasonal Influenza       |
| <input type="checkbox"/> Tetanus, Diphtheria and Pertussis (as evidenced by a documented Tdap vaccination as an adult) |                                      |   |

**For the following reason:**    ☐ I have a bona fide medical contraindication. (Complete below section)

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

#### I understand and acknowledge that:

<b>For Seasonal Influenza exemption:</b>	<ul style="list-style-type: none"> <li>My exemption to influenza vaccination must be requested annually.</li> </ul>
<b>For ALL requested exemptions:</b>	<ul style="list-style-type: none"> <li>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 vaccination.</li> <li>My vaccine/exemption record may be shared with other Northern Light Member Organizations and Providers.</li> <li>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.</li> </ul>

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

### HEALTHCARE PROVIDER (HCP)

*Medical Exemption: A licensed health care provider must complete the following section.*

Please complete the following and explain in detail: *(you may attach additional pages, if necessary)*

☐ \_\_\_\_\_ has had an anaphylactic reaction to a component in the \_\_\_\_\_ vaccine(s).

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

☐ Other, please provide a detailed explanation.

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

HCP name & Licensure: \_\_\_\_\_ HCP signature: \_\_\_\_\_

HCP address: \_\_\_\_\_ Date: \_\_\_\_\_

### Exemption Approval Status

☐ Approved

☐ Denied

☐ Temporary Deferral  
(please enter dates)

Approved By: \_\_\_\_\_

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

**PLEASE SEND COMPLETED EXEMPTION REQUEST  
TO THE APPROPRIATE CONTACT LISTED BELOW**

Acadia Hospital	Amanda Mason	<a href="mailto:ammason@northernlight.org">ammason@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	Kristy Rizzitello	<a href="mailto:krizzitello@northernlight.org">krizzitello@northernlight.org</a>
Continuing Care Mars Hill	Joe Siddiqui	<a href="mailto:ysiddiqui@northernlight.org">ysiddiqui@northernlight.org</a>
Eastern Maine Medical Center	Dave Wheaton	<a href="mailto:david.wheaton@northernlight.org">david.wheaton@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 Jessica Wilbur	<a href="mailto:thatch@northernlight.org">thatch@northernlight.org</a> <a href="mailto:jwilbur@northernlight.org">jwilbur@northernlight.org</a>
Laboratory	Noah Lundy	<a href="mailto:nlundy@northernlight.org">nlundy@northernlight.org</a>
LifeFlight	Dave Wheaton	<a href="mailto:david.wheaton@northernlight.org">david.wheaton@northernlight.org</a>
Continuing Care Lakewood	Tammy Hatch Jessica Wilbur	<a href="mailto:thatch@northernlight.org">thatch@northernlight.org</a> <a href="mailto:jwilbur@northernlight.org">jwilbur@northernlight.org</a>
Maine Coast Hospital	Noah Lundy	<a href="mailto:nlundy@northernlight.org">nlundy@northernlight.org</a>
Mayo Hospital	Kristy Rizzitello	<a href="mailto:krizzitello@northernlight.org">krizzitello@northernlight.org</a>
Medical Transport	Noah Lundy	<a href="mailto:nlundy@northernlight.org">nlundy@northernlight.org</a>
Mercy Hospital	Jenny Hutchins	<a href="mailto:hutchinsi@northernlight.org">hutchinsi@northernlight.org</a>
Northern Light Pharmacy	Noah Lundy	<a href="mailto:nlundy@northernlight.org">nlundy@northernlight.org</a>
Sebasticook Valley Hospital	Tammy Hatch Ami Johnson	<a href="mailto:thatch@northernlight.org">thatch@northernlight.org</a> <a href="mailto:aljohnson@northernlight.org">aljohnson@northernlight.org</a>
Work Health	Sean Ward	<a href="mailto:sward@northernlight.org">sward@northernlight.org</a>
New Hires	**Please send to the listed contact for your new employer**	