



COVID-19 Student Vaccination Exemption Request Form – Religious Beliefs

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Student Name:	Student DOB:
School/University Name:	Student Phone Number:
School Program (RN,RT, etc.):	Dates of Rotation:
Date of Request:	Hospital:
Student Email Address:	School faculty email:

I am requesting an exemption from the **Palm Beach Health Network's** requirement of taking the COVID-19 vaccination for the following reason:

My sincerely held religious beliefs:

I affirm that I have a sincerely held religious belief as part of the _____ (religious affiliation) faith/religion that exempts me from the vaccination requirement. I acknowledge that this exemption is religion or faith based in nature and is not based on perceived efficacy or safety of vaccinations.

By signing below, I verify that the above information is complete and accurate. I understand that the facility may evaluate my immunization history to confirm consistent vaccination behavior. I also affirm my understanding that providing false or misleading information on this or any other document is a violation of policy that could result in removal from my clinical rotation. I also acknowledge and agree that, if my request is approved, I will need to sign an exemption attestation which includes my agreement to practice specific safety rules for unvaccinated students, including but not limited to, wearing a mask at all times while at the hospital, even if social distanced 6ft, except if you are in a room by yourself, and PCR or antigen-based testing at the discretion of the facility.

Signature: _____ Date: _____

Name (print): _____ Email address: _____

Please email all documents to Beth.Wheelerdelgado@tenethealth.com

COVID-19 Vaccine Religious Exemption	
Granted: _____	COVID-19 Vaccine Exemption Denied: _____
Tenet designee (Print Name) _____	
Signature _____	Date _____
<input type="checkbox"/> Form emailed back to student and school	Date: _____ Initials: _____



COVID-19 Student Vaccination Exemption Request Form – Medical Exemption

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Student Name:	Student DOB:
School/University Name:	Student Phone Number:
School Program (RN,RT, etc.):	Dates of Rotation:
Date of Request:	Hospital:
Student Email Address:	School faculty email:

INSTRUCTIONS: Palm Beach Health Network (PBHN) is committed to providing a safe environment by requiring mandatory COVID-19 vaccinations of non-employed students. A medical exemption may be granted upon receipt of a completed form signed and certified by a physician or advanced practitioner, not related to the student, and whose specialty is appropriate to the associated condition. Exemptions will be accepted for evaluation from all students. Each submitted request will be fairly and objectively evaluated by the Employee Health Nurse of each PBHN Human Resources Department. Students with an approved exemption may be required to comply with additional screening, testing and other requirements aimed at preventing the spread of Covid-19. After your request has been reviewed, you will be notified via email, whether an exemption has been granted or denied.

Please email your completed form to Beth.Wheelerdelgado@tenethealth.com. Please include "COVID Medical Exemption" in the subject title. If granted, your exemption will expire 1 year from the date of determination unless your provider clears you to receive the vaccine sooner.

I verify that the information I am submitting to substantiate my request for exemption from Tenet Healthcare, immunization policy is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including loss of PBHN clinical rotations.

By signing below, I authorize Tenet Palm Beach Health Network to contact my healthcare provider to discuss my medical condition related to this request, and if necessary verify that the information is complete and accurate. I understand that the facility may evaluate my immunization history to confirm consistent vaccination behavior. I also affirm my understanding that providing false or misleading information on this or any other document is a violation of policy that could result in removal from my clinical rotation. I also acknowledge and agree that, if my request is approved, I will need to sign an exemption attestation which includes my agreement to practice specific safety rules for unvaccinated students, including but not limited to, wearing a mask at all times while at the hospital, even if social distanced 6ft, except if you are in a room by yourself, and PCR or antigen-based testing at the discretion of the facility.

Student Signature: _____ Date: / /

COVID-19 Vaccine Medical Exemption

Granted: _____ **COVID-19 Vaccine Medical Exemption** **Denied:** _____

Tenet Employee Health/Designee (Print Name) _____

Signature _____ Date _____

Form emailed back to student and school Date: _____ Initials: _____

TO BE COMPLETED BY YOUR PROVIDER:

Attention Health Care Provider: Tenet Healthcare Palm Beach Health Network (PBHN) requires that all students receive a COVID-19 vaccination.

_____ (Insert patient's name) is requesting a medical exemption from this vaccination requirement. Please certify below the medical reason that your patient should not be immunized for COVID-19 by completing this form and attaching available supporting documentation. Information provided on this form will be reviewed by Employee Health of the PBHN hospital in consideration of the exemption request. Please indicate the timeframe of this exemption if less than 1 year.

Option 1 - Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine

Please indicate to which vaccine the patient had a reaction, the date of the vaccine and type of reaction:

- Moderna - Date of vaccine and reaction:

- Pfizer - Date of vaccine and reaction:

- Janssen/Johnson & Johnson - Date of vaccine and reaction: -

Option 2 – Immediate allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine

Please circle the ingredient(s) to which your patient has demonstrated an allergy

Description	Pfizer-BioNTech (mRNA)	Moderna (mRNA)	Janssen (Viral vector)
Active ingredient	Nucleoside-modified mRNA encoding the viral spike (S) glycoprotein of SARS-CoV-2	Nucleoside-modified mRNA encoding the viral spike (S) glycoprotein of SARS-CoV-2	Recombinant, replication-incompetent Ad26 vector, encoding a stabilized variant of the SARS-CoV-2 Spike (S) protein
Inactive ingredients	2[(polyethylene glycol (PEG))-2000]-N,N-ditetradecylacetamide	PEG2000-DMG; 1,2-dimyristoyl-rac-glycerol, methoxypolyethylene glycol	Polysorbate-80
	1,2-distearoyl-sn-glycero-3-phosphocholine	1,2-distearoyl-sn-glycero-3-phosphocholine	2-hydroxypropyl-β-cyclodextrin
	Cholesterol	Cholesterol	Citric acid monohydrate
	(4-hydroxybutyl)azanediylbis(hexane-6,1-diyl)bis(2-hexyldecanoate)	SM-102: heptadecan-9-yl 8-((2-hydroxyethyl) (6-oxo-6-(undecyloxy) hexyl) amino) octanoate	Trisodium citrate dihydrate
	Sodium chloride	Tromethamine	Sodium chloride
	Monobasic potassium phosphate	Tromethamine hydrochloride	Ethanol
	Potassium chloride	Acetic acid	
	Dibasic sodium phosphate dihydrate	Sodium acetate	
	Sucrose	Sucrose	

* None of the vaccines contain eggs, gelatin, latex, or preservatives. All COVID-19 vaccines are **free from metals** such as iron, nickel, cobalt, lithium, rare earth alloys or any manufactured products such as microelectronics, electrodes, carbon nanotubes, or nanowire semiconductors.

Note: Both the Pfizer-BioNTech and Moderna COVID-19 vaccines contain polyethylene glycol (PEG). PEG is a primary ingredient in osmotic laxatives and oral bowel preparations for colonoscopy procedures, an inactive ingredient or excipient in many medications, and is used in a process called "pegylation" to improve the therapeutic activity of some medications (including certain chemotherapeutics). Additionally, cross-reactive hypersensitivity between PEG and polysorbates (included as an excipient in some vaccines and other therapeutic agents) can occur. Information on active or inactive ingredients for vaccines and medications can be found in the package insert. [CDC's vaccine excipient summary](#) and the National Institutes of Health [DailyMed database](#) can also be used as a resource.

Option 3 – Physical Condition/Medical Circumstance

The physical condition of the patient or medical circumstances relating to the individual are such that immunization is not considered safe. Please state, with sufficient detail for independent medical review, the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization with the COVID-19 vaccine:

Health Care Provider Certification

I certify that _____ (patient name) has the above contraindication and support the request for a medical exemption from the COVID-19 vaccine requirement at Tenet Palm Beach Health Network.

Provider Information:

Medical Provider Name: _____

Medical Provider Specialty: _____

Medical Provider Signature: _____

Medical Provider License Number: _____ Date: _____

Email: _____ Phone Number: _____