## Submitting Vaccine Exemption Requests – COVID & Influenza

**<u>Step One</u>** - Download the appropriate exemption form:

1. Visit <u>https://redcap.lghealth.org/redcap/surveys/?s=PDNKAEWF4MXWDHXX</u>. Select the **type** of vaccine exemption you are requesting and the **reason**.

Ed freaten vaccine Exemption Request re	orm			
Please complete this form to request an exemption from a Lancaster General Health vaccination requirement.				
Instructions:				
<ol> <li>Follow the prompts to download the appropriate exemption re</li> <li>Download, print, and complete the form in it's entirety.</li> <li>Electronically save the completed exemption request form, as</li> <li>Return to the Redcap form and complete the appropriate field</li> </ol>	equest form. well as any additional supporting documentation. is.			
If you encounter any issues while completing this form, please reach out option 0	to the Employee Health department at 717-544-5984,			
I would like to request a vaccine exemption for	🔿 Influenza			
	Covid-19			
	reset			
Reason?	Medical			
	O Religious			
	reset			

2. Select 'No' under I have a completed exemption form and any additional supporting documentation saved electronically and ready for upload. This will give you access to download and print the appropriate exemption form. Note, these forms must be signed by a member of the clergy (religious) or a medical provider (medical).

I have a completed exemption additional supporting docume electronically and ready for u	n form and any O Yes entation saved pload No	reset
To be considered for a medica 1. Download and print the 2. Complete the form in its 3. When complete, return document in the approp	al exemption from the Covid-19 vaccination requ form attached below. s entirety and save as an electronic document. to Redcap and finish the questionnaire, uploadi oriate section.	irement: ng the completed
Attachment: 📩 <u>20220330085150-C</u> <u>19Vaccination.pdf</u> (0.68 MB)	COVID-19Immunization-Form-RequestforMedicalExe	mptionfromCOVID-

3. Once you have downloaded the form, select '**OK**' and close the browser window. Do <u>not</u> click the 'Submit' button. You will return to this form once you are ready to upload and submit the completed exemption form.

Now that you have downloaded the ap you may exit Redcap by closing the b	propriate forms, rowser window.	🗌 ок	
Please <u>do not</u> click the 'Submit' bu	itton below		
When the forms are completed and sa return to this Redcap form and follow submit them	ved electronically, the prompts to		
	Submit		

Step Two – Upload the completed exemption form:

4. Once you have the completed exemption form and any supported documentation saved electronically, visit <u>https://redcap.lghealth.org/redcap/surveys/?s=PDNKAEWF4MXWDHXX</u>. Select the **type** of vaccine exemption you are requesting and the **reason**, but this time, select 'Yes' under I have a completed exemption form and any additional supporting documentation saved electronically and ready for upload.

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	Covid-19	
		res
Reason?	Medical	
	© Medical	
	<ul> <li>Religious</li> </ul>	
		re
I have a completed exemption form and any	Nor	
additional supporting documentation saved	les e	
electronically and ready for upload	O No	
		res

5. Under **Personal Information**, select 'Job Applicant' under the 'I am a' section.

l am a:	O Current Employee	
* must provide value	Job Applicant	
	O PA College Student	
	O Other	
	r	ese

 Enter your First Name and Last Name, Social Security # (last 4 digits), and NPI # (if applicable). <u>Note</u>, if you are requesting a medical exemption, you'll be asked for the Medical Reason for the request.

Last Name	
Social Security # (last 4 digits)	
NPI # (if applicable)	
What is the medical reason?	<ul> <li>Recognized contraindication to COVID-19 vaccination</li> </ul>
Please attach supporting documentation in the designated	O Currently Pregnant
section at the end of the questionnaire	<ul> <li>Receipt of COVID-19 monoclonal antibody</li> </ul>
*accompanying medical documentation for MIS-A is required	treatment
	<ul> <li>Recent COVID-19 acute infection within 90 days</li> </ul>
	<ul> <li>Diagnosis of Multi-system Inflammatory Syndrome-adults (MIS-A) *</li> </ul>
	O Other severe reaction

Under Required Supporting Documentation, select <sup>1</sup> Upload file to upload the electronic copy of your completed exemption form. Once you have selected the file (use the 'Choose File' button), click the Upload file button to attach the form.



- 8. If you have any supporting documentation, you can use **Delta Upload file** under the **Optional: Please** add any additional supporting documentation in the fields below section to upload the files.
- 9. Once completed, click the **Submit** button to formally submit your exemption request.