




**From:** Dave Wallace, CEO   
**To:** Hospital Employees and Volunteers  
**Subject:** CMS COVID-19 Vaccine Mandate

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First, I want to take this opportunity to say *THANK YOU* and let you know how incredibly proud I am of our Team for how hard each of you continue to work every day to take care of our patients. I am writing today to provide information about the federal government's recent COVID-19 vaccine mandate.

To date, while we have encouraged all of our colleagues to get vaccinated against COVID-19 and have made the vaccines readily available, we have not mandated the vaccine. However, on November 5<sup>th</sup>, the Centers for Medicare and Medicaid Services (CMS) issued an emergency regulation for health care facilities that participate in Medicare and Medicaid programs to protect health care workers, patients, families and visitors from COVID-19. As a Medicare and Medicaid-certified provider, our hospital is bound by regulations under the Medicare health and safety standards known as *Conditions of Participation* or *Conditions for Coverage*. We are required to abide by this mandate to continue to participate in Medicare and Medicaid programs.

**This mandate requires all facilities covered by this regulation to ensure that team members, including employees, physicians and volunteers, among others, to have initiated the COVID-19 vaccine series by December 5, 2021 and to be fully vaccinated by January 4, 2022.**

- If you are already fully vaccinated and have reported such to Human Resources, no further action is required on your part (being fully vaccinated does not require having a booster shot at this point in time).
- If you are vaccinated but have not yet provided proof of vaccination to Human Resources, please do so prior to December 5, 2021.
- If you have not been vaccinated, you will receive additional information on how to schedule your vaccine or apply for an exemption.

Regardless of where you receive your vaccine, please keep these important deadlines in mind:

- **By December 5, 2021**, all individuals must have:
  - Received first dose of the two-dose Pfizer or Moderna series or a single dose of Johnson & Johnson vaccine; or
  - Been granted approval for a religious or medical exemption
- **By January 4, 2022**, all individuals must have:
  - Completed the primary vaccine series with a second dose of the two-dose Pfizer or Moderna series to be fully vaccinated

Unfortunately, if you choose not to meet the deadlines of this federal mandate, you should plan to be off the work schedule until such time you choose to become compliant.

Please note that team members can apply for religious and medical exemptions to the vaccine. If you wish to file for an exemption, you will need to complete the appropriate exemption request form in its entirety:

- **Religious Exemption** – for religious or sincerely held spiritual beliefs that conflict with the COVID-19 vaccination requirement
- **Medical Exemption** – for certain medical contraindications or medical precautions as defined by the [CDC](#).

**Requests for exemptions from COVID-19 vaccination for employees and volunteers must be submitted to Human Resources no later than December 1<sup>st</sup>, 2021.** Exemption requests will be reviewed by Human Resources.

We understand not everyone will agree with the CMS requirement. However, like all U.S. hospitals that rely on treating Medicare and Medicaid patients, non-compliance is not a viable option.

The pandemic has certainly been a challenge, and we are grateful for the way in which you have worked as part of a team to meet the health care needs of our community. I am incredibly proud of the ongoing professionalism, dignity and compassion each of our team members and physicians have exhibited throughout the pandemic.

It is because of your dedication and diligence that we can move forward together. Again, I thank you for your commitment to Mat-Su Regional Medical Center and the safety of our patients and fellow team members.

If you have any questions, please feel free to reach out any member of the senior team or our Human Resources department.



**Request for Medical Exemption from COVID-19 Vaccination**

Name (print):

Date:

Dept.:

Position:

Manager:

Work/Cell Phone:

I am requesting a medical exemption from CMS's Omnibus COVID-19 Health Care Staff Vaccination requiring full vaccination against COVID-19.

I verify that the information I am submitting to support my request for exemption from the vaccination mandate 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 termination.

I understand Mat-Su Regional Medical Center will review the request for exemption to determine whether it is approved.

Employee Signature:

Date:



**Medical Certification for COVID-19 Vaccination Exemption**

Employee Name: \_\_\_\_\_

Dear Medical Provider,

The (Facility) policy requires the individual named above to be COVID-19 vaccinated. The individual is seeking an exemption to this policy due to medical contraindications per the CMS Omnibus COVID-19 Health Care Staff Vaccination Rule.

Please complete this form to assist us in the reasonable accommodation process.

**The person named above should not receive the COVID-19 vaccine due to (select below):**

- Specific which of the COVID-19 Vaccines is clinically contraindicated for this person  
\_\_\_\_\_
- Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to component of the COVID-19 vaccine
- Immediate (within 4 hours of exposure) allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine
- Another medical condition or disability (please specify):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This exemption should be:**

- Temporary, expiring on: \_\_/\_\_/\_\_\_\_, or when \_\_\_\_\_.
- Permanent.

I certify the above information to be true and accurate, and request exemption from COVID-19 vaccination for the above-named individual. I am a licensed healthcare provider who is providing this person with ongoing medical care and treatment related to the medical contraindications described above.

Medical Provider Name (print):

Medical License #

Medical Provider Signature:

Date:

Practice Name & Address:

Provider Phone:



**Request for Religious Exemption from COVID-19 Vaccination**

Name (print):

Date:

Dept.:

Position:

Manager:

Work/Cell Phone:

I am requesting a religious exemption from CMS's Omnibus COVID-19 Health Care Staff Vaccination requiring full vaccination against COVID-19.

I verify that the information I am submitting to support my request for exemption from the vaccination mandate 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 termination.

I understand Mat-Su Regional Medical Center will review the request for exemption to determine whether it is approved.

Employee Signature:

Date:



Name (print):

Date:

Dept.:

Position:

Manager:

Work/Cell Phone:

### Request for Religious Exemption from Vaccination

Please provide a written and signed statement stating you have sincere and genuine religious beliefs which prohibit you from receiving immunizations.

Employer may require additional supporting documentation related to the claimed religious exemption as appropriate to the circumstances. In the area provided below, please write your statement. This statement must address all of the following elements:

- Explain in your own words why you are requesting this religious exemption.
- Describe the religious principles that guide your objection to immunization. [Please note that philosophical, political, scientific, sociological or other objections to immunization (rather than sincerely held religious beliefs) do not justify an exemption.]
- Indicate whether you are opposed to all immunizations, and if not, the religious basis that prohibits particular immunizations.

Statement:

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I hereby affirm the truthfulness of the provided statement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date