

**REQUEST FOR MEDICAL EXEMPTION FROM
VACCINE PREVENTABLE DISEASE POLICY
VARICELLA**

As a patient safety and health care personnel safety initiative, Methodist Healthcare System is requiring Varicella vaccinations. This is similar to other vaccinations that Methodist Healthcare System requires as a condition of employment. Certain vaccinations have been recommended by the Centers for Disease Control for health care personnel and have been shown to be effective in protecting patients from these illnesses and complications related to them. Increasingly, national professional, health care and infection prevention organizations are recommending that health care organizations require certain vaccinations to protect the health and safety of patients, employees, patient and employee family members, and the community as a whole from these diseases.

Medical exemption from vaccinations is allowed for contraindications or precautions identified by the Centers for Disease Control and Prevention. Please complete the form below to request medical exemption for your patient. If you have any questions, please contact the Director of Employee Health or Designee.

NAME OF PATIENT: _____

My patient should not be vaccinated against:

- Varicella** for the following reasons:

- Temporary Medical Condition : **Duration** _____

- Permanent Medical Condition

I certify that my patient has the above contraindications and request medical exemption from Methodist Healthcare System's vaccination policy. I understand that I could be contacted for additional clarification.

Name of Medical Practitioner (MD, DO, APRN, PA):

Signature: _____

Signature stamps are not acceptable

I understand I am required to wear Personal Protective Equipment (PPE) at all times during patient care.

DHP Signature _____ Date _____

DHP Name (print) _____