

WVU Medicine Employee Medical Exemptions for COVID-19 Vaccination

WVU Medicine requires COVID-19 vaccination as a condition of employment. A medical exemption may be granted if vaccination is medically contraindicated or if vaccination would endanger an individual's health.

Exemptions to the COVID-19 vaccine employee mandate are:

1. Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine
2. Immediate allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine (either polyethylene glycol for Pfizer or Moderna vaccines, or polysorbate for the Johnson & Johnson/Janssen vaccine). An immediate allergic reaction is defined as any hypersensitivity-related signs or symptoms such as urticaria, angioedema, respiratory distress (e.g., wheezing, stridor), or anaphylaxis that occur within four hours following administration
3. Myocarditis or pericarditis after a first dose of an mRNA COVID-19 vaccine.

The following are NOT considered contraindications to COVID-19 vaccination:

- Prior infection with COVID-19. However, persons who were treated for COVID-19 with monoclonal antibodies should wait 90 days before getting a COVID-19 vaccine.
- Delayed-onset local injection site reactions after prior COVID-19 vaccination (e.g., erythema, induration, pruritus, pain)
- Expected systemic vaccine side effects after prior COVID-19 vaccination (e.g., fever, chills, fatigue, headache, lymphadenopathy, vomiting, diarrhea, myalgia, arthralgia)
- Vasovagal reaction after any vaccination
- Being an immunocompromised individual or receiving immunosuppressive medications
- Immunosuppressed person in the employee's household
- Autoimmune conditions, including Guillain-Barre Syndrome (GBS). If there is a history of GBS, consideration should be given to using an mRNA vaccine instead of the Janssen (Johnson & Johnson) vaccine.
- Allergic reactions to anything not contained in the COVID-19 vaccines, including injectable therapies, food, pets, eggs, gelatin, venom, environmental allergens, oral medication, latex
- Family history of allergies
- Alpha-gal Syndrome
- Pregnancy, consideration of future pregnancy, breastfeeding, and fertility treatments are not contraindications to COVID-19 vaccination. In fact, the American College of Obstetrics and Gynecology and the Society for Maternal Fetal Medicine recommend that all pregnant individuals be vaccinated against COVID-19. The vaccines have been demonstrated to be safe before, during and after pregnancy. Moreover, COVID-19 infection puts pregnant people at increased risk of severe complications and even death.

Requests for medical exemptions will be reviewed on a case-by-case basis by the Employee Health Medical Exemption Review Committee. The request for exemption form (see reverse side) must be signed by a licensed physician who has evaluated the employee and attests to the accuracy of the information contained on the form. Requests must be submitted to Employee Health by October 1, 2021.

Medical exemption for the influenza vaccination does not apply to the COVID-19 vaccine. Workers with an influenza vaccination exemption must apply for a separate COVID vaccine exemption if they believe they have a condition that requires exemption.

Unvaccinated asymptomatic employees will be required to submit daily attestations that they are symptom free and undergo twice weekly testing for COVID-19.

Appeals Process

If an individual requests a medical exemption and is denied, the individual may appeal the decision to an ad hoc committee composed of Dr. Rashida Khakoo (Chief of the Division of Infectious Diseases, WVU SOM), Dr. Arif Sarwari (Chair of the Department of Internal Medicine, WVU SOM), Dr. Todd Karpinski (WVU Medicine Chief Pharmacy Officer), Dr. Mark Povroznik (Chair of the WVU Medicine Quality Affinity Group), and Dr. Brian Peppers (Assistant Professor of Allergy and Immunology, WVU SOM).



COVID-19 Vaccination Medical Exemption Request

Name: _____

Date of Birth: ____/____/____

Email Address: _____

Phone/Pager #: _____

Department/School: _____

Supervisor/Manager: _____

Physician Attestation

WVU Health System requires that all employees be vaccinated against COVID-19. The above-named person is requesting an exception from this requirement. A medical exception is allowed for recognized contraindications listed on the reverse side of this form. By completing this form, you certify that different methods of vaccinating against COVID-19 have been considered, and that the following medical contraindication precludes all vaccinations for COVID-19. Guidance for medical exemptions for COVID-19 vaccination can be obtained from the Advisory Committee on Immunization Practices (ACIP) available at <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>.

Please select contraindication below (attach supporting documentation or medical records):

- Severe allergic reaction (anaphylaxis) after a previous dose of or to a component of the COVID-19 vaccine, including polyethylene glycol (PEG). *Please describe response in detail below and contraindication to alternatives, such as the Johnson & Johnson vaccine, which does not contain PEG.*
- Immediate allergic reaction to a previous dose or known (diagnosed) allergy to a component of the vaccine. *Please describe response in detail below and contraindication to alternative vaccines.*
- Other medical circumstance preventing vaccination with any available COVID-19 vaccine (*describe specifically below or in a separate narrative*).

Please fax, email, or mail this form to:

EMPLOYEE HEALTH
 WVU Hospitals
 1 Medical Center Drive
 PO Box 8120
 Morgantown, WV 26506-8120
 Office: 304.598.4160
 Fax 304.598.4957
 employeehealth@wvumedicine.org

Physician printed name: _____

Physician signature: _____
(Note: Signature stamp not acceptable)

Date: ____/____/____ Medical License No.: _____

Physician phone number: _____