



**INFECTIOUS DISEASES SOCIETY OF AMERICA
EMERGING INFECTIONS NETWORK QUERY:**

**Exemptions from COVID-19 Vaccination
Requirements for Healthcare Personnel (HCP)**

The purpose of this survey is to learn more about hospital plans and practices around exemptions allowances to healthcare personnel COVID-19 vaccine requirements.

EMERGING INFECTIONS NETWORK QUERY

Exemptions from COVID-19 Vaccination Requirements for Healthcare Personnel (HCP)

Name: _____

To opt-out, select one reason below & fax back this page

- My primary facility does not require COVID-19 vaccination for HCP
 I do not work in an acute-care inpatient setting
 I am not aware of COVID-19 vaccination exemption plans at my primary facility

My primary facility does/will be requiring COVID-19 vaccination for HCP [*Proceed to survey*]

Medical Exemptions to Vaccination

1a. Will/Does your hospital allow medical exemptions from the HCP vaccination requirement?

Yes No Unsure

1b. If yes, indicate medical exemptions (or temporary deferrals ≤ 1 year) that will be/are allowed:

[Select all that apply]

	Medical exemption	Temporary deferral
Allergy to COVID-19 vaccine or its components	_____	_____
History of Multisystem Inflammatory Syndrome (MIS-A)	_____	_____
Current confirmed COVID-19 infection (only allowed until no longer infectious)	_____	_____
History of confirmed COVID-19 infection in past 90 days	_____	_____
History of confirmed COVID-19 infection at any time	_____	_____
Currently pregnant	_____	_____
Currently breastfeeding	_____	_____
Currently trying to get pregnant or planning to in the near future	_____	_____
Undergoing infertility treatment/IVF	_____	_____
Underlying autoimmune disorder	_____	_____
History of Guillain Barre syndrome	_____	_____
Other, specify:	_____	_____

1c. If yes, will/does your hospital require that any medical exemption requests have an attestation provided by a licensed medical provider?

Yes No Unsure

Religious/Personal Belief Exemptions to Vaccination

2a. Will/Does your hospital allow religious exemptions from the HCP vaccination requirement?

Yes No Unsure

2b. If yes, will/does your hospital require that any religious exemption requests also have an attestation provided by a religious leader (e.g. church leader)?

Yes No Unsure

3. Will/Does your hospital allow deeply held personal belief exemptions from the HCP vaccination requirement (i.e. for beliefs opposing vaccination)?

Yes No Unsure

4. Please read the following sample religious/personal belief exemption requests and indicate whether such request would be approved at your institution:

- a:** *“My family and I strongly believe in practicing a healthy lifestyle that includes chiropractic wellness care, vitamins, supplements, exercise and clean eating, and does not include vaccines.”*
My institution would: Approve Not Approve this request Not sure
- b:** *“The administration of vaccines of any kind conflicts with my strongly held religious and moral beliefs. My body is a temple (see 1 Corinthians 3:16). I'm opposed to the introduction of any foreign substance to my body that may unknowingly cause harm in the future.”*
My institution would: Approve Not Approve this request Not sure
- c:** *“The development of modern vaccines using aborted fetal cell lines is morally reprehensible.”*
My institution would: Approve Not Approve this request Not sure
- d:** *“The mandatory administration of this vaccine is in direct violation of my right to give voluntary consent and allow for free power of choice.”*
My institution would: Approve Not Approve this request Not sure

Interventions for Unvaccinated and Exempted HCP

5. Select any of the following that unvaccinated and exempted HCP will be required to undergo:

- Periodic asymptomatic testing for SARS-CoV-2
- Additional/wider use of specific personal protective equipment (e.g. masking in areas where fully vaccinated HCP could be unmasked, or eye protection + N95 mask with all patient encounters)
- Potential job reassignment to less high-risk areas
- No additional interventions are planned for these HCP
- Other, *specify:*
- Unsure

Comments (e.g. frequency of screening and payor):

6. Which of the following is responsible for reviewing and approving any submitted exemptions?

<i>[Select all that apply]</i>	Medical Exemptions	Religious/Personal Belief Exemptions
Human Resources	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Health/Medicine	<input type="checkbox"/>	<input type="checkbox"/>
Infection Prevention/Hospital Epi	<input type="checkbox"/>	<input type="checkbox"/>
Legal	<input type="checkbox"/>	<input type="checkbox"/>
Risk Management	<input type="checkbox"/>	<input type="checkbox"/>
Other, <i>specify:</i>	<input type="checkbox"/>	<input type="checkbox"/>

7. Comments/concerns regarding exemptions from COVID-19 vaccination requirements for HCP:

Thank you for completing this survey!