

## GOVERNMENT OF GUAM EMPLOYEE REQUEST FOR MEDICAL EXEMPTION TO COVID-19 VACCINATION REQUIREMENT

Executive Order No. 2021-17 requires Government of Guam Executive Branch Employees to vaccinate against COVID-19. Employees who decline to receive a COVID-19 vaccination, or do not provide proof of such vaccination, are required to undergo a COVID-19 PCR or antigen test (or other test utilized/recognized by the Department of Public Health & Social Services), once weekly. These employees who decline, or do not provide proof of vaccination and are doing so based on medical reasons, such as a disability, are encouraged to fill out this form.

Certain employees are mandated by U.S. Federal requirements to be vaccinated, (e.g. Centers for Medicare & Medicaid Services COVID-19 Health Care Staff Vaccination Mandate). If you work in a department that is a Medicare-Medicaid certified provider regulated under CMS standards, this requirement may apply to you; please verify with your department. This CMS Mandate however, allows exemptions for these Health Care Staff based on medical reasons, such as a disability. **For these employees covered by the CMS Mandate and want to request for an exemption based on medical reasons, this form must be completed.**

Employees who are approved for an exemption from the vaccination requirement will be required to submit to once weekly COVID-19 testing as their accommodation. Employees who are disapproved AND are NOT required by the CMS Mandate to become fully vaccinated, will also be required to submit to once weekly testing. Employees who are disapproved and are REQUIRED to comply with the CMS Mandate, will be contacted to immediately schedule vaccination. Disapproved employee covered by the CMS Mandate must complete the primary vaccination series for COVID-19 no later than February 28, 2022.

Respective Department/Agency Heads will review and approve/disapprove requests on a case-by-case basis. More information may be requested as needed as part of their review. Your department/agency is required to keep confidential any medical information provided.

Signing this form constitutes a declaration that the information you provide is true and correct to the best of your knowledge and ability. Any intentional misrepresentation may result in disciplinary action, up to and including dismissal/termination, and/or involuntary exclusion from the workplace.

To request a medical exemption from the COVID-19 vaccination requirement using this form:

1. You must complete Part 1 of this form.
2. Your medical provider must complete Part 2 of this form.
3. When both are completed, you must submit the form to your agency's designated point of contact in person or via email:

Name	Position Title
Ph. No.	Email

**Part 1 – To be Completed by Employee:**

I am an employee covered by the CMS COVID-19 Health Care Staff Vaccination Mandate, or other U.S. Federal Vaccination Mandate: **(Note: A box must be checked otherwise the request will be rejected)**

**YES** I understand that my request must be approved in order to be exempted from the Vaccine Mandate and if approved, I must submit to once weekly COVID-19 testing. If my request is disapproved, then I understand that I must become fully vaccinated. I also understand that if my request is disapproved and I am not compliant by becoming fully vaccinated, I may be subject to disciplinary action, up to and including dismissal/termination, and/or involuntary exclusion from the workplace.

I further understand that my completed request form must be submitted before Close of Business of **January 27, 2022**. To meet the CMS Mandate Phase 2 deadline, requests for exemptions that were received no later than January 27, 2022 must have received approval by my Department/Agency Head no later than **February 28, 2022**.

**NO** Obtain your supervisor’s signature as verification: \_\_\_\_\_

Employee Name (First, MI, Last):		Date of Request:
Department:	Division:	
Position Title:	Ph. No. / Email:	
Supervisor’s Name (First, MI, Last):	Supervisor’s Position Title:	
Supervisor’s Ph. No. / Email:		

**Medical Exemption Request:**

I am requesting a medical exemption to the requirement for COVID-19 vaccination. I understand that my request must be approved in order to be exempted from the Vaccine requirement and if approved, I must submit to once weekly COVID-19 testing. If my request is disapproved, and I AM NOT COVERED by the CMS Mandate, then I understand that I must submit to once weekly testing. If my request is disapproved and I AM COVERED by the CMS Mandate, I understand that I must become fully vaccinated by the required deadlines. I also understand that if I am not compliant, I may be subject to disciplinary action, up to and including dismissal/termination, and/or involuntary exclusion from the workplace. I understand it is my responsibility to provide this form to my medical provider to complete and the Government of Guam is not responsible for any cost that my medical provider may charge me to complete this form. I declare that the information I have provided is true and correct to the best of my knowledge and ability.

Employee Signature:	Date:
---------------------	-------



FOR EMPLOYEE'S DEPARTMENT/AGENCY OFFICIAL USE ONLY	
Employee Name (Print: First, MI, Last):	
Name of Department/Agency:	
<p>All requests for exemption must be acknowledged received by responsible Department/Agency official and employee notified of the date of such receipt.</p> <p>After decision has been made and form signed by the Department/Agency Head, provide a copy to the employee and confidentially maintain a copy for record purposes.</p> <p>Management must take progressive discipline if employee fails to comply and may be removed from the work site.</p>	
Request for Medical Exemption Received by:	Date:
<p>Medical Exemption Request Status:</p> <p>_____ Approved: Department/Agency Head will direct the appropriate official within their Department/Agency to contact the employee to begin scheduling the employee to undergo once weekly COVID-19 testing.</p> <p>_____ Disapproved: Request is disapproved AND employee is NOT COVERED under the CMS Mandate to become fully vaccinated; the Department/Agency Head will direct the appropriate official within their Department/Agency to contact the employee to begin scheduling the employee to undergo once weekly COVID-19 testing.</p> <p>_____ Disapproved: Request is disapproved AND employee is COVERED under the CMS Mandate, the Department/Agency Head will direct the appropriate official within their Department/Agency to contact the employee to immediately coordinate the vaccination of the employee. <b>Employee must have completed the primary vaccination series for COVID-19 no later than February 28, 2022.</b></p>	
Comments (Mandatory if Request is disapproved):	
Department/Agency Head Name (Print First, MI, Last):	
Department/Agency Head Signature:	Date:
Date Employee Notified of Decision:	
Name of Designated Official who Notified Employee:	
Method of Notification (e.g Personal Delivery / email):	