CONTENTS:  REVISED 11/22/21, please read fully & carefully.

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<table>
<thead>
<tr>
<th>CRN</th>
<th>Course No.</th>
<th>Sec#</th>
<th>Course Title</th>
<th>Cr.</th>
<th>Start Date</th>
<th>End Date</th>
<th>Days</th>
<th>Start Time</th>
<th>End Time</th>
<th>Instructor</th>
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<tbody>
<tr>
<td>32348</td>
<td>NRSG 230</td>
<td>01</td>
<td>Nursing Pharmacology</td>
<td>3</td>
<td>Jan 18</td>
<td>May 13</td>
<td>T</td>
<td>9:00</td>
<td>10:50</td>
<td>Sillars, Ginger</td>
</tr>
<tr>
<td>32349</td>
<td>NRSG 231</td>
<td>01S</td>
<td>Nursing Pharmacology Lab</td>
<td>2</td>
<td>Jan 18</td>
<td>Mar. 11</td>
<td>M</td>
<td>12:00</td>
<td>2:50</td>
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<tr>
<td>32350</td>
<td>NRSG 232</td>
<td>01</td>
<td>Foundations of Nursing</td>
<td>3</td>
<td>Jan 18</td>
<td>May 13</td>
<td>W</td>
<td>12:00</td>
<td>2:50</td>
<td>Barker, Wendy</td>
</tr>
<tr>
<td>32351</td>
<td>NRSG 233</td>
<td>01</td>
<td>Foundations of Nursing Lab</td>
<td>3</td>
<td>Jan 18</td>
<td>May 13</td>
<td>R</td>
<td>8:00</td>
<td>10:50</td>
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</table>

The following course is optional.

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<th>CRN</th>
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<th>Sec#</th>
<th>Course Title</th>
<th>Cr.</th>
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</thead>
<tbody>
<tr>
<td>33293</td>
<td>NRSG 292</td>
<td>50</td>
<td>Study Techniques for Nursing</td>
<td>1</td>
<td>Jan 18</td>
<td>May 13</td>
<td>Barnes, Linda</td>
</tr>
</tbody>
</table>

Schedule Irregularities: There will be no further changes unless COVID-19 forces them.

Monday
- The first Monday that you will need to be in NRSG 231, Pharmacology lab, is February 7.
- You will have this NRSG 231 lab every Monday from Feb 7 through Mar 7, then Mondays are free.

Tuesday
- NRSG 230, Pharmacology lecture is every Tuesday 9:00-10:50am.
- NRSG 231, Pharmacology lab is 11:00am-12:50pm every Tuesday, BUT only through March 8.

Wednesday
- NRSG 232, Foundations lecture is 12:00-2:50pm.

Thursday
- NRSG 233, Foundations lab is every Thursday 8:00-10:50am and 12:00-2:50pm.

Friday
- FREE!
Save this important document because you will need this for future reference! Please read thoroughly.

In order to be prepared to begin classes in Spring 2022 Semester, the nursing program needs you to follow all of the instructions below and complete items by the listed deadlines.

Please read carefully before contacting the nursing program with any questions.

REQUIREMENT SUMMARY:

Failure to comply with these requirements could cause you to be removed from the program and an alternate student admitted in your place.

Document Maintenance:

- We strongly suggest you keep a folder or portfolio of the documentation listed below. **Do not rely** on your employer to be able to provide you access to records they have on file – this has been problematic for a number of RN students in the past.
  - Immunization records with notes on expiration dates;
  - BLS certification and renewals;
  - Background check results; and
  - Drug screening results.

DUE no later than Friday, December 17, 2021:

- Criminal Background Check -- see pages 3-4 (no result print-out needed because we have access)
- Drug Screening -- see pages 3-4 (no result print-out needed because we have access)

DUE at Orientation on Thursday, January 13, 2022 (single-sided prints only accepted):

- Immunization Records: All of your required immunization records (see page 5).
- Basic Life Support / Healthcare Provider Certification: if you don’t already have proof of this certification to print out, please see page 6 for options.
- RN Student Handbook Forms: Forms 1, 2, 3, and 4 from the Spring 2022 RN Student Handbook, which we will post on the “Nursing Student Resources” webpage ([http://mc.umt.edu/nursing/nursing-student-resources.php](http://mc.umt.edu/nursing/nursing-student-resources.php)) in weeks prior to Orientation. Cyndi will email you when the “new” handbook is posted.
- Bloodborne Pathogens Quiz: As part of the Nursing Program, you must have yearly bloodborne pathogens education. Please go to [http://www.umt.edu/research/compliance/IBC/bbp.php](http://www.umt.edu/research/compliance/IBC/bbp.php) and view the PowerPoint at the bottom of the page, then print off and take the quiz associated with it.
CRIMINAL BACKGROUND CHECK & DRUG SCREEN: **Must be completed by Dec 17.**

- Both the criminal background check and the drug screening are required by our clinical agencies. A search of the National Sex Offender Registry is included in the background check.

- It is the clinical facility, not the University of Montana or Missoula College that determines if a student’s background check is acceptable for student learning within their institution. If the student is denied access to the clinical site, it is an automatic failure of the course due to inability to complete the required objectives. We must show proof to the clinical facilities that you completed the check.

**Where / How to Complete:**

- The Nursing Program has a contract with Verified Credentials (VC) for a reduced rate; *(closed Nov. 25 & 26)*.
- If necessary, for the drug screening only, arrangements can be made for testing other than with VC, i.e. via an employer.

- **CRIMINAL BACKGROUND CHECK** - **Must be completed by December 17, 2021.**
  - **7-Year Comprehensive Check:** Can take up to 2 weeks to complete.
  - **Background Anomalies:** If you suspect your check with show any anomalies, please give advance notice to Linda Barnes, Nursing Program Director, at Linda.Barnes@umontana.edu.
  - **Cost / Payment:** The cost is $76.60 and payment; registration and payment are done online. See the following page for detailed instructions.
  - **Results:** Cyndi will print results once completed and put in your student file.

- **DRUG SCREENING** - **Must be completed by December 17, 2021 & within 30 days of payment.**
  - **10-Panel Urine Screen:** All Health Professions students must complete a 10-panel urine drug screen just once during their time in the program. The screen cost and administration is the responsibility of the student.
  - **Cost / Payment:** The cost through VC is $39; registration and payment are done online. See the following page for detailed instructions. Once payment is made, VC will email you with instructions regarding appointments/walk-ins and what to bring with you when you test. **You must have the screening done within 30 days of payment or it expires.**
  - **Testing Sites:** If you are outside of Missoula, VC will provide testing sites in your area. The Missoula testing sites are:
    - American Mobile Drug Testing, 3475 W. Broadway, (406) 543-8111; Open M-F, 8:00-4:45 pm, BUT closed for an hour that is flexible between 11-1.
    - Compliance Monitoring Systems, 2809 Great Northern Loop #200, (406) 529-1789.
  - **Results:** Cyndi will print results once completed and put in your student file.
  - **If You Test Positive,** you will be contacted by the screening facility and your screen results will go through a medical review process to determine if any prescribed medications are contributing to the positive test. Our clinical facilities have the final say in whether or not you are approved to participate in patient care at their site.

(Verified Credentials continued on next page)
How Verified Credentials Works:

<table>
<thead>
<tr>
<th>Program</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Background Check - Nursing Program</td>
<td>VWXYC-89926</td>
</tr>
<tr>
<td>Background Check Update - Nursing Program</td>
<td>MMJYT-64977</td>
</tr>
<tr>
<td>(Use only if previously done a background check with MC Nursing Program)</td>
<td></td>
</tr>
<tr>
<td>Drug Screen – Nursing Program</td>
<td>VWWFM-88366</td>
</tr>
<tr>
<td>NOTE: This screening must be done within 30 days of registration &amp; payment!</td>
<td></td>
</tr>
</tbody>
</table>

Verified Credentials Registration & Payment:

- For Best Results - Use a **laptop or desktop computer** to complete this process.
- If any problems: call 800.938.6090 or email ClientServices@verifiedcredentials.com.
- Go to: [http://scholar.verifiedcredentials.com/mc.umt](http://scholar.verifiedcredentials.com/mc.umt)

Optional Drug Screening Facilities: **Our preference is for you to use Verified Credentials, but if you cannot for some reason, you must arrange for your results to be sent to:**

Cyndi Stary, Administrative Associate  
Missoula College Health Professions – UM  
1205 E. Broadway St.  
Missoula, MT 59802

Other Facility Options (do NOT offer the $39 rate):

- **Community Medical Center Outpatient Lab** (Approx $146), 2827 Fort Missoula Rd, (406) 327-4077. An order from your provider is required. You do not need to be a CMC employee. Open M-F 6:30-5:30; Sat 8:30-1:30.

- **Missoula Medical, Inc.** (Cost $55 in Missoula) Appointments are made by calling Chemnet, (406) 256-2037 and telling them this is for Missoula College Nursing. Specimens are collected at Missoula Medical, 1805 Bancroft Street #2. You will pay Chemnet over the phone, so have a debit or credit card ready for payment information. **If you are not going to be in Missoula**, Chemnet can set you up with an affiliate vendor but the cost will be closer to $75-80.

- **Providence Occupational Health** (Cost $50), 2875 Tina Ave., Suite 104 Missoula, MT 59808, (406) 329-5746  
  - You do not need to be a Providence employee. Walk-in hours: M-F 8:30-3:00 except closed 12:00-12:45.
IMMUNIZATIONS: Please read each immunization requirement carefully.
Submit only clear, single-sided prints at Orientation on January 13.

► Getting your previous immunization/vaccination records:
If you do not already have your records for past immunizations, please start early by contacting your healthcare provider or high school or whatever organization(s) through which you received your immunizations.

► Immunizations Submission Requirements:
You MUST submit proof of all of the following to BOTH the Nursing Program and to UM Curry Health Center

- **Nursing Program Submission:** Print out clear, one-sided documents to Cyndi Stary. If she is not in her office, you can put in one of her white drop-boxes. Make sure that your name is on each sheet or else put all in an envelope before submitting.

- **Curry Health Center Submission:** You can do one of four different ways as listed below. If you have questions, you can call Curry and make a no-charge appointment with one of their RNs to discuss immunizations – 406.243.2122.

1. UPLOAD your records: Go to www.umt.edu/curry-health-center and click on “Health Portal”
2. DROP OFF hard copies at Curry Medical Reception office on the 4-year campus at 634 Eddy Avenue.
3. FAX them to Curry secure FAX machine -- 406.243.2254 (include your 790# on fax cover sheet & indicate this is for Missoula College Nursing Program.)
4. MAIL to Curry Health Center, 634 Eddy Avenue, Missoula, MT 59812 (include your 790# on a cover sheet & indicate this is for Missoula College Nursing Program.)

☐ **Hepatitis B Series (vaccinations AND titer):** The series of shots is 2, 3, or 4 doses depending on the manufacturer. Some people have received the series as children so will just need a titer to prove immunity. If you have not yet received the series, you will need to start this ASAP because it can take several months to complete. The titer is the final step after the vaccination series is complete.
   [https://www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-b.html](https://www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-b.html)
   - Provide proof of your hepatitis B vaccination series (HBV) AND a positive titer.
     (Can be declined, but student must sign declination forms, indicating they understand the full health risk and are taking responsibility if HepB is contracted.)

☐ **MMR Series (vaccinations OR titer):** This is also a requirement to be a student at UM and most other universities. [https://www.cdc.gov/vaccines/vpd/mmr/public/](https://www.cdc.gov/vaccines/vpd/mmr/public/)
   1. Provide proof of the 2-shot series MMR (mumps, measles, rubella) vaccination.
   2. OR a positive MMR titer. Note that if needing this, the 2-shot series MMR should be administered at least 4 weeks apart.

☐ **TB (tuberculosis):** Provide proof of one of the following negative TB tests that was done in the last 12 months. If the test is positive, a chest x-ray is required. This is required just once during the program.
   1. Negative TB skin test that will be “read” 48-72 hours after being administered (this means 2 visits – one for test and one for reading the results)
   2. OR a Negative Quantiferon TB blood test.

☐ **Tetanus with Pertussis, i.e. Tdap:** After initial Tdap vaccine is received, a booster is required every 10 years.
   - Provide proof of current Tdap (tetanus, diphtheria and whooping cough/pertussis).
     [https://www.cdc.gov/vaccines/hcp/vis/vis-statements/tdap.html](https://www.cdc.gov/vaccines/hcp/vis/vis-statements/tdap.html)

☐ **Varicella (2-dose series OR titer):** Provide proof of Varicella (chickenpox) vaccination series OR a titer.
   [https://www.cdc.gov/vaccines/vpd/varicella/hcp/recommendations.html](https://www.cdc.gov/vaccines/vpd/varicella/hcp/recommendations.html)

☐ **Flu:** Students will be contacted when seasonal flu vaccines are available about this requirement, which is usually in October or November.

**Titers & Boosters Explained:**
- **Titer:** measures the antibodies in your blood to determine if you have immunity to a disease.
  If titer is negative, a vaccination booster or series is required.
- **Booster:** is an extra administration of a vaccine after an earlier dose. This dose is a re-exposure to the immunizing antigen to insure a later positive titer.
BASIC LIFE SUPPORT:

Basic Life Support (BLS) Provider:

- REQUIREMENT:
  Provide proof of taking and passing a Basic Life Support (BLS) course for Health Care Providers. We need a copy of both sides of your card OR ELSE the accompanying certificate.

  If you hold a current certification that is different than the pictured card, please take a photo or scan of it and email it to Cyndi to check it. Send to Cyndi.stary@umontana.edu.

- BLS TRAINING SESSION AT MISSOULA COLLEGE – 2 OPTIONS:

  1. **Online Lecture Modules + Separate In-Person Skills Check-off:** Total cost $66-$82

  2. **Full In-Person 4-hr Course (lecture & skills):** Cost $75 plus optional books $14-16:
     - Date/Time: Fri. Jan. 14, 11:00am to 3:00pm (limited to 6 student); Location: MC 116 (nursing lab).
     - Sign-up via this Doodle link: https://doodle.com/poll/hk2t7vtranpnhb4?utm_source=poll&utm_medium=link

- TRAINING OPTIONS ELSEWHERE: If you decide to take a course elsewhere, please check in with Cyndi about it beforehand. The course must be taught specifically for Health Care Providers. It must cover CPR for infants, children, and adults, as well as care for obstructed airways, use of an Ambu bag, and use of the automatic external defibrillator (AED).

  One option for courses is via The International Heart Institute of Montana housed at St. Patrick Hospital. Here is the link to their course schedule; however, nothing is currently listed for upcoming classes: https://www.getcpr.org/classes.
SUPPLIES REQUIRED:

☐ Scrubs -- must be worn to NRSG 233 lab on Tuesday, January 25.

Purchase maroon/burgundy scrubs (cost varies) from wherever you can find them. Some locations are The UM Bookstore on the Mountain Campus, The Little Scrub Shop, Solestone, Walmart, Walmart Online, Amazon, and Meridy’s Uniforms, a new company that recently contacted us who offer stain-resistant uniforms (https://meridys.com), or elsewhere as long as the color matches UM maroon. Students have found scrubs in good shape at some Missoula second-hand shops. [Current prices at the UM Bookstore are approximately $25 each for tops and bottoms].

- NOTE: We may end up getting donated scrubs from the graduating cohort. If so, you will be emailed about them, and they would be available on a first-come, first-served basis.

☐ Patch for scrub top: we have our own MC Nursing Program patch that will be available at Orientation. The cost is $5 per patch, payable by cash to Cyndi Stary or to her Venmo account Cyndi-Stary-1. The patch is placed on the left upper arm at the shoulder of your scrub top(s).

The following supplies are required for your Thursday, January 27 lab. Any questions should be raised during Orientation on Thursday, January 13, 2022.

☐ Stethoscope ☐ Pen light
☐ Blood pressure cuff ☐ Watch that shows seconds
☐ Bandage scissors ☐ Hemostat (recommended - not required)

REQUIRED ELECTRONIC RESOURCES: Payment deadline will be in February (info to follow).

The RN Program uses Kaplan nursing and patient modules throughout the four semesters of the ASN curriculum. Kaplan’s learning modules and skills testing enrich our curriculum, providing you with the most current and evidence-based education and NCLEX (RN license exam) preparation.

You will have module access by Orientation. Kaplan will send you 2 separate emails: one with your module account log-in information; the second will provide payment details. You will be billed directly by Kaplan with a separate invoice for each of the module packages listed below.

☐ Kaplan nursing modules: $165.00 per semester for 4 semesters (total $660.00)
☐ Shadow Health nursing modules: $103.99-197.98 (varies per semester – info TBA)

SCHOLARSHIPS:

Apply Now! It is best to complete the FAFSA (http://www.umt.edu/finaid/apply-for-aid) because that data will be taken into account for any needs-based scholarships that are contained in the UM Scholarship Portal.

UM Scholarship Portal: Here is the direct link to the UM Scholarship Portal (https://umt.academicworks.com/users/sign_in); however, we suggest starting with the Scholarships homepage because there is additional information there: http://www.umt.edu/finaid/apply-for-aid/scholarships/. The portal requires you to complete an online application; your entered data will be used to screen scholarships and match you up with any that you are eligible for. For scholarships with a further selection process, Missoula College has a Scholarship Committee that will meet and make those decisions.

Nursing-Specific Scholarships: Nursing and healthcare specific scholarships and any others we become aware of will be posted on the Nursing Student Resources webpage and nursing students will be emailed.
TEXTBOOKS:

- Place your textbook order at least 3 weeks before you need it.
- The “Davis” book must be new because it comes with online components.

<table>
<thead>
<tr>
<th>TEXTBOOKS</th>
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<tbody>
<tr>
<td>NO TEXTBOOK BUNDLES FOR SPRING 2022</td>
</tr>
<tr>
<td>If you order from FA Davis, you’ll receive a 20% discount + free shipping.</td>
</tr>
<tr>
<td>Website: <a href="http://www.FADavis.com">www.FADavis.com</a> Promo Code 442DPJHJ</td>
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<thead>
<tr>
<th>SEMESTER 1 ONLY</th>
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<tbody>
<tr>
<td>NRSG 230-231</td>
</tr>
<tr>
<td><strong>REQUIRED:</strong> Pharmacology for Nurses: A Pathophysiologic Approach, 6th Edition</td>
</tr>
<tr>
<td>By Michael P. Adams, Leland Norman Holland Ph.D., Carol Urban PhD, RN</td>
</tr>
<tr>
<td>ISBN-13: 978-0135218334 / Publisher: Pearson / Publication Date: February 22, 2019 / Paperback</td>
</tr>
</tbody>
</table>

| NRSG 232-233    |
| **REQUIRED** *(must be purchased “new” so online components include)*: Davis Advantage for Fundamentals of Nursing (2 Volume Set), 4th Edition |

| RECOMMENDED: |
| Nursing Care Plans: Guidelines for Individualizing Client Care Across the Life Span, 10th Edition |
| By Doenges APRN BC, Marilynn E.; Moorhouse RN MSN CRRN, Mary Frances; Murr BSN RN, Alice C. |
| ISBN-13: 978-0-8036-6086-1 / Publication Date: 01/08/2019 |

(Continued on next 4 pages)
IMMUNIZATIONS CONTINUED – NEW REQUIREMENT:

☐ COVID-19 VACCINATION: See pages 9 for complete details. Following page 9 are the:

- Medical Accommodation Request Form (1 page)
- Medical Certification Form (2 pages)

FROM Linda Barnes, Nursing Program Director:

You might already be aware that two federal COVID-19 vaccine rules – one issued by the Occupational Safety and Health Administration (OSHA) and one issued by the Centers for Medicare and Medicaid Services (CMS) – have been released. These rules require healthcare workers across the country to be fully vaccinated. Community Medical Center has officially notified health professions programs at UM that all students must be fully vaccinated by January 4, 2022.

What does this mean for you?

- **If you are already fully vaccinated**, you must either email or bring a copy of your COVID-19 vaccination form to Cyndi by **December 13, 2021**.

- **If you are not yet vaccinated**, you must receive either the single-dose Johnson & Johnson/Janssen COVID-19 vaccine for the first dose in a two-dose series (Pfizer or Moderna) by Monday, **December 13, 2021** [Dec. 6 on the form, but we’re extending to 13th]. Individuals must receive their second dose in a two-dose series by January 4, 2022.

- **Medical Exemption**: If you have a medical exemption, there are 2 forms to take care of. The forms indicate “employee;” however, that also refers to the student in clinical. Per the Request Form, “Employees requesting exemption due to medical contraindication must fully complete this form [Request], provide documentation to support the exemption request [Medical Certification Form], which includes certification from a health care provider, and return this form and the supporting documentation to Employee Health – Jessie Martin – jmartin2@communitymed.org or fax to 406-327-4541.”

  1. **Medical Accommodation Request Form**: please fill out form included in the revised Admission Packet and either email to Jessie Martin at CMC jmartin2@communitymed.org (follow the instructions on the form for emailing or faxing) **OR** bring the form to me (Linda Barnes) and I will take it to HR at CMC. Whichever route you choose—to bring to me or send to CMC, you must do this by **November 29, 2021**. This will allow CMC time to review your request and if it is not approved, will give you time to be vaccinated.

  2. **Medical Certification Form**: This form must be provided to your primary care physician in addition to the above Request Form.

- **Religious Exemption**: This is currently being looked into; information is forthcoming when available.

If you have questions or concerns about the COVID vaccine, the CDC website has an FAQ section: [Frequently Asked Questions about COVID-19 Vaccination | CDC](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/). You may also contact Curry Health Center for more information, or one of the nursing faculty or I can give you more information.

Thank you,

Linda Barnes

Linda Barnes MSN, RN, CNE
Nursing Program Director / Associate Professor
Missoula College- UM / Rm 306
1205 E. Broadway St., Missoula, MT
(406) 243-7875
Request for Accommodation
Medical Exemption from the Company’s COVID-19 Vaccination Requirement

The Company is committed to providing and maintaining a workplace that is free of known hazards and has implemented a mandatory COVID-19 vaccine policy as the COVID-19 pandemic continues to pose a direct threat to the health and safety of our employees and their families, our visitors, and the community at large.

The COVID-19 vaccination is recommended for the vast majority of people. The Company recognizes that an individual’s medical circumstances may raise a contraindication to getting the vaccine, as determined by a health care provider. Employees requesting exemption due to medical contraindication must fully complete this form, provide documentation to support the exemption request, which includes certification from a health care provider, and return this form and the supporting documentation to Employee Health – Jessie Martin – jmartin2@communitymed.org or fax to 406-327-4541

The Company reserves its right to request additional information in support of your request for an accommodation, and will comply with all applicable laws in determining whether it is able to accommodate your request without undue hardship to the Company of a direct threat to the health and safety of others in the workplace and/or the requesting employee.

EMPLOYEE SECTION

<table>
<thead>
<tr>
<th>Employee Name (print):</th>
<th>Department:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor Name:</td>
<td>Job Title:</td>
</tr>
<tr>
<td>Email:</td>
<td>3/4 ID:</td>
</tr>
<tr>
<td>Work/Cell Phone:</td>
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</tbody>
</table>

Employee Request for Medical Exemption:

I am requesting an exemption from the Company’s mandatory COVID-19 vaccination policy because of my individual medical circumstances that preclude me from receiving this vaccine. I will contact my health care provider and provide it with the attached Medical Certification Form, which I will return to the Employee Health by December 6, 2021. I will let the Company know immediately if for some reason I cannot meet this deadline.

Verification

By signing below, I hereby certify that the statements and information provided above and below and in furtherance of my request for exemption based on my medical contraindication are true and accurate. I understand that any intentional misrepresentation contained in this request may result in disciplinary action, up to and including termination of employment. I understand that my request for accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of myself and/or others in the workplace, or if it creates an undue hardship for Community Medical Center.

Employee Signature: ____________________________________________ Date: __________________

PRINT Employee’s Name: _________________________________________

FOR HR USE ONLY

Date of Initial Request
Exemption Request Approved or Denied
Reason Exemption was Approved or Denied

Date of Employee Notification of Determination
HR Follow-Up Date (If Any)
Human Resources Representative Name
Medical Certification Form – COVID-19
Request for Exemption from Mandatory Vaccination Policy

Employee Name (print): ________________________________ Date: __________________

Dear Health Care Provider,

The above-named employee (your patient) has disclosed that he/she has a medical impairment(s) that renders him/her unable to comply with the Company’s requirement that employees be fully vaccinated (including any recommended boosters) against COVID-19.

Please complete this form in full to assist the Company in the reasonable accommodation process, and return to the above-named employee at your earliest convenience. If the employee works or resides in California, do not disclose any diagnoses without the employee’s specific consent.

NOTE: The Genetic Information Nondiscrimination Act of 2008 (GINA) and similar state laws generally prohibit employers and other entities covered by GINA Title II (and similar state laws) from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by law. To comply with applicable law(s), we are asking that you not provide any genetic information or results of genetic tests, as defined by applicable law(s), when responding to this request for medical information. By way of example, “genetic information” (as defined by federal law) includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

<table>
<thead>
<tr>
<th>The above-named individual has a medical impairment that renders him/her unable to receive the COVID-19 vaccination.</th>
</tr>
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<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

If you answered “No,” do not answer the remaining questions, but complete and sign the “Certification” at the end of this document.

<table>
<thead>
<tr>
<th>Please describe in detail how the medical impairment(s) renders the employee unable to comply with the Company’s requirement that employees be fully vaccinated against COVID-19:</th>
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<thead>
<tr>
<th>This vaccination exemption should be:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temporary, expiring on: <em><strong><strong>/</strong></strong></em>/______, or when _________________________________</td>
</tr>
<tr>
<td>Indefinite</td>
</tr>
</tbody>
</table>
Are there accommodations that will reduce or eliminate the threat of injury/harm posed to the employee’s own health and/or safety – or the health/safety of others in the workplace – while the employee is at work given that the employee is not fully vaccinated against COVID-19?

| Yes | No |

If you answered “Yes,” please describe all such accommodations in detail and explain how these accommodations will reduce or eliminate the threat:

<table>
<thead>
<tr>
<th>CERTIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>By signing below, I certify that the answers provided in response to the above questions are based on my own personal knowledge of the relevant medical facts from my own examination of the patient/employee, and/or based on my own review of the relevant medical documentation, and my answers represent my professional medical opinion.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Care Provider Name (print):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Health Care Provider Signature:</th>
<th>Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Health Care Practice &amp; Address:</th>
<th>Phone:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Health Care Specialty or Type of Practice:</th>
<th>Fax Number:</th>
</tr>
</thead>
</table>