

Indoor Dining Location Worker Request for Medical Exemption from COVID-19 Vaccination

Instructions:

Philadelphia's Regulations requiring COVID-19 vaccination for indoor dining location workers does not apply to those granted a vaccination exemption from their employer when the worker has a certified medical contraindication to COVID-19 vaccinations ("medical exemption") from the worker's medical provider.

You must request and be granted a vaccination exemption from your employer prior to working onsite in an indoor dining location. Employers are permitted to impose requirements for vaccination that are stricter than what is required under City law and your employer may choose NOT to accept your request under certain circumstances. If your request is not granted, you may not work indoors.¹ If your request is granted you must double-mask and submit to weekly COVID-19 testing.

What Must Be Included in My Request?

1. To work at a location where food or drink is provided or sold for eating or drinking onsite, your request for a medical exemption must include a physical copy or digital image of the original certification, which must also contain the following:
2. A statement by a licensed healthcare provider, including a physician, nurse practitioner, or physician assistant issued by an authorized state licensing board that has physically examined you in person²
 - a. The licensed healthcare provider must state the exemption applies specifically to you, and;
 - b. That the COVID-19 vaccine is medically contraindicated for you³
3. The SAMPLE FORM included on the following page may be used, an alternate format may be presented and taken as valid certifications of medical exemption IF all information on the SAMPLE FORM is also captured in any alternate format.

What Is the Process for Requesting to Work Indoors with a Medical Exemption?

1. Complete and sign your request form as provided by your employer or the SAMPLE FORM
2. Provide a physical copy or digital image of the certification signed by a licensed medical provider with all information listed above to your employer prior to your next in-person shift

What Are Requirements While Working with a Medical Exemption?

1. Workers must double mask while indoors
 - a. Double masking means wearing a surgical mask beneath a well-fitting cloth mask, or a properly fitted N95 or equivalent mask at all times when you are not eating or drinking while seated during a designated break time in a designated worker-only space.
2. Workers must test using a PCR or antigen test at least weekly. Workers must provide all testing results to their employers, who must keep a record of such results.⁴

¹ Employer must still follow all applicable laws, including the Americans with Disabilities Act ("ADA") of 1960, but a medical exemption cannot be used as a reasonable accommodation for the purposes of the ADA.

² The individual seeking the medical exemption must have met with the licensed healthcare provider listed on the signed statement at least once in-person for a physical examination by that licensed healthcare provider

³ Proof of Identity does not require a form of government-issued identification. This could include student ID cards, employee identification cards, retail membership cards, etc.

⁴ Employers may accept results of home-based rapid antigen tests, however, tests performed at home may be subject to additional verification requirements as set by the employer. Workers with a positive test result must report the result to the Department within 24 hours of results. Employers who are providing testing on-site must report all test results to the Department within 24 hours of results. 3rd party testing like those performed by labs, pharmacies, or medical providers do not need to be reported by the employer or worker.

SAMPLE FORM – MEDICAL EXEMPTION TO COVID-19 VACCINATION

For Licensed Healthcare Provider:

Provider's Name: _____	Business Address: _____
License/Certification Number: _____	License/Certification State: _____

I, (insert provider's name) certify that I did examine (insert patient's name) in-person on (insert date of in person examination) at (insert business address).

I hereby certify that (the patient named above) has a specific medical contraindication to the below described Vaccine(s) and it would be detrimental to such patient's Health to receive any of the following vaccines because of such patient's specific medical conditions:

- Johnson & Johnson's Janssen COVID-19 Vaccine
- Moderna COVID -19 Vaccine
- Pfizer BioNTech COVID-19 Vaccine
- Pfizer-BioNTech Pediatric COVID-19 vaccine
- Johnson & Johnson's COVID-19 Vaccine

I certify that this contraindication thereby requires a (circle one) permanent or temporary (through mo/date/year medical exemption to the City of Philadelphia's December 15, 2021 Emergency Regulation Governing the Control and Prevention of COVID-19 ("Mandating Vaccines for Individuals Working and Dining at Indoor Dining Locations") **I also certify that certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein, I am subject to such penalties as may be prescribed by statute or ordinance.**

Signed: _____

Date: _____

For Individual Seeking Exemption:

The individual must also acknowledge the information on the exemption request is true and accurate. Section 1-108 of the Philadelphia Code uses the following language:

Signed: _____

Date: _____