



REQUEST FOR MEDICAL EXEMPTION FROM COVID-19 VACCINE REQUIREMENT

IBMGlobal is committed to submitting to the laws of the land in every country where IBMGlobal employees live and serve. In 2021, some of those countries have implemented COVID-19 vaccine requirements. However, IBMGlobal is equally committed to providing a work and ministry environment that is free of unlawful harassment, discrimination, and retaliation. As such, we are committed to protecting the medical rights of our employees and complying with all laws protecting individuals with disabilities or medical conditions.

Upon application, we will recognize an exemption for those with a known medical condition or disability which prevents them from receiving a COVID-19 vaccine, provided an accommodation can be made that is reasonable and does not pose a direct threat to the health or safety of yourself or others in the workplace. We would ask that all government agencies and airlines honor the medical exemption based on the information obtained in this application.

To request an Exemption from COVID-19 vaccination mandates, please complete Part 1 of this form, have your healthcare provider complete Part 2, and return them to the Director of Operations. This information will be used to engage in an interactive process to determine eligibility for an exemption and, if so, to determine the reasonable accommodations which can be provided that would enable the employee to perform the essential functions of his or her position without posing a threat of harm to self or others. Failure to complete this form may impact IBMGlobal's ability to adequately understand the employee's request or effectively engage in the interactive process to identify possible accommodations.

Medical exemption for the COVID-19 vaccine will be considered if the employee provides a written certification by a licensed medical provider of one of the following:

1. The applicable CDC contraindication for the COVID-19 vaccine, or
2. The applicable contraindication found in the manufacturer's package insert for the COVID-19 vaccine, or
3. A statement that the physical condition of the person or medical circumstances relating to the person are such that immunization is not considered safe, indicating the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization with the COVID-19 vaccine.

PART ONE (To be completed by you)

Name: _____ Date of Request: ____/____/____
Email Address: _____
Phone Number: _____

Which category best describes you?

- Employee (office staff and cross-cultural workers)
- Intern
- Volunteer
- Other (Please explain)

Clinical Contraindication

The first step in evaluating your exemption request is to determine whether you qualify for medical exemption based on documentation of a clinical contraindication for existing COVID-19 vaccines. To support this request, please have the attached certification completed by your medical provider.

Reasonable Accommodations

If you receive an exemption, the next step is to determine whether a reasonable accommodation would allow you to perform your work responsibilities without posing a direct threat to the health or safety of yourself, or others.

In most situations accommodations such as wearing a face mask, social distancing, working a modified shift, working from home, or reassignment may be possible.

To assist us in reaching a determination regarding what accommodations would be reasonable for you, please describe what accommodations you would be willing and able to accept, what you would be most appropriate for your position, and why:

Initial next to each of the statements below indicating your agreement:

_____ I am requesting an exemption from the COVID-19 vaccination requirement due to a known medical condition or disability. I understand and assume the risks of non-vaccination. I accept full responsibility for my health, thus removing liability from IBMGlobal for the required vaccination.

_____ I agree that, in order to protect my own health and the health of the community, I will take reasonable precautions to protect myself and others from COVID-19, including taking any steps required under any reasonable accommodation resulting from this application for exemption. Should I contract COVID-19, I will immediately report it to my supervisor and comply with all isolation and quarantine procedures specified by the governmental authorities.

_____ I understand that, if approved, this exemption is fully granted by IBMGlobal, and as the employer, they are asking all governmental authorities (foreign and USA) as well airlines to honor this exemption and allow international travel.

_____ I certify that all information I have provided in support of my request for an exemption is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action.

_____ I understand that my request for an exemption may not be granted if it is found that I do not have a qualifying disability or if no reasonable accommodation can be found that does not pose a direct threat to the health or safety of myself or others.

_____ Signature

_____ Date

To Be Completed by Departmental Staff:

Requestor's Job Title/Position: _____

Requestor's Department: _____

Requestor's Supervisor: _____

PART TWO – MEDICAL CERTIFICATION (to be completed by medical provider)

You are being asked to complete this form on behalf of your patient, _____, because he or she is employed by or has applied for employment with IBMGlobal and this person’s responsibilities to IBMGlobal has placed them in an environment where outside authorities require Covid-19 vaccination. The above-named individual is requesting an exemption from all pertinent vaccination requirements based on a known medical condition or disability under the ADA. Such an exemption is allowed for certain recognized contraindications. Please complete this form. If you have any questions, please contact Denise Cedras at 603.821.5232. Thank you.

My name is _____ and I am a licensed practitioner and I am a medical provider for the above-named patient acting within my scope of practice as defined by, and in accordance with, all applicable National, State, and local laws.

I hereby certify that the following COVID-19 vaccines are clinically contraindicated for the above-named patient:

- Pfizer-BioNTech (Comirnaty) COVID-19 Vaccine
- Moderna COVID-19 Vaccine
- Janssen (Johnson & Johnson) COVID-19 Vaccine
- Other COVID-19 Vaccine available in country of service: _____

Please specify all recognized clinical reasons for the contraindications:

(You may attach additional pages if more room is needed.)

I recommend that the above-named patient be exempted from COVID-19 vaccination requirements based on the recognized clinical contraindications stated above.

Signature: _____ Date: _____
Print Name: _____
Address: _____

Phone Number: _____