



COVID-19 Vaccine Medical Exemption

Employee Name	
Address	
City/State/Zip Code	
Date of Birth	

Blessings4Ever Employee Statement

I have requested a COVID-19 vaccine medical exemption from my healthcare provider.

Employee Signature

Date

Healthcare Provider Attestation

I am a licensed healthcare provider (Physician, Nurse Practitioner, Physician Assistant). I hereby certify that _____, an employee of Blessings4Ever Home Care Agency, is medically exempt from receiving the COVID-19 vaccine. The vaccine is contraindicated for said individual because:
(Include facts explaining why the exemption applies)

“I hereby 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.”

Healthcare Provider Name

NPI Number

License Number

Phone Number

Fax Number

Email Address

Physical Address: Street, City, State, Zip Code

Healthcare Provider Signature

State of Licensure

Date

Use of certifications, such as letters from providers stating an individual has a false medical contraindication, is a violation of The Philadelphia Code and punishable by fines of up to \$300 per violation. Failure to comply with the requirements of the Vaccine Mandate Regulation is also a violation of The Philadelphia Code and punishable by fines of up to \$2,000 per violation for businesses, and up to \$500 per violation for individuals.



Mandatory COVID-19 Testing for Vaccine Exemption

Individuals that obtain a medical or religious exemption approval must be tested by a PCR test or an antigen (rapid) test for COVID-19 at least twice (2x) per week beginning on Friday, October 15, 2021.

1. The two tests should be spread out appropriately over the week.
2. Your testing schedule requires management approval.
3. Your testing dates may vary, in accordance with your work schedule, if you do not work a regular, Monday through Friday schedule.
4. Test results must be uploaded, on the same day the results are received, to the secure portal located on the Blessings4Ever COVID-19 information website:

<https://www.blessings4ever.com/covid-19-info-home-care-agency>

5. If you do not receive your test results within two days, you must notify your supervisor to receive instructions.

Employee statement:

“I have a medical or religious exemption that prevents me from receiving a COVID-19 vaccine. I have received information regarding mandatory COVID-19 testing for COVID-19 vaccine exemptions and I agree to abide by the requirements for COVID-19 testing as outlined above. I fully understand that failure to comply with mandatory COVID-19 testing may result in disciplinary action up to and including termination of employment.”

Employee Signature

Date

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