

Valley Medical Associates	Policy & Procedure
Title: Covid Vaccine Exemption FormPolicy	Number:
Date: 7/1/2021	Page 1
Revised:	Authorization:

Purpose :

The purpose of this policy is to establish guidelines for VMA practitioners in regard to patient requests for notes to employer for Covid Vaccine exemption.

Scope:

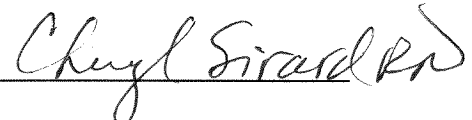
It is the policy of Valley Medical Associates that we will NOT provide an exemption letter to patient for declining a vaccine requirement by their employer.

Procedure:

1. Patient will submit employer form to Valley Medical Associates
2. Valley Medical Associates/Health Care Provider will complete form within 7-14 days and fax/email form back to employer
3. Patient will receive copy of form , not original



Medical Director



Practice Manager