

<b>Johns Hopkins Safety Manual</b>	<i>Policy Number</i>	HSE 048
<i>Subject:</i>	<i>Review Date</i>	08/16/2013
<b>Mandatory Influenza Vaccination</b>	<i>Page</i>	1 of 12

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## **I. PURPOSE**

Johns Hopkins recognizes its responsibility to provide employees a workplace free of recognized hazards. This policy is intended to maximize vaccination rates against influenza among Johns Hopkins personnel, especially those whose work requires their presence in clinical settings. The goal is to protect patients, employees, employees' family members, students, others affiliated with Johns Hopkins, and the broader community from influenza infection.

## **II. SCOPE**

This Health, Safety & Environment policy applies to the following:

1. Employees of the Johns Hopkins Hospital (JHH), Johns Hopkins University (JHU), and the Johns Hopkins Health System Corporation (JHHSC).
2. Non-employee personnel who provide services in Johns Hopkins Patient or Clinical Care Areas.

Other Johns Hopkins entities may have companion policies governing personnel at their institutions. All JHH, JHHSC and JHU employees must adhere to all relevant Johns Hopkins companion policies while engaged at those sites. This policy does not cover patients and visitors.

## **III. DEFINITIONS**

- A. *Patient or Clinical Care Area:* Any section of a building, property, or site that is owned, leased, rented, or operated by JHH, JHHSC, or JHU (see Appendix 1) where the care or provision of services to patients or study participants occurs, including, but not limited to, hospitals, outpatient clinics, student and employee health centers, and pharmacies. These areas are defined by the physical or recognized borders of any inpatient and outpatient areas where patients may be seen, evaluated,

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treated, or wait to be seen.

- B. *The Johns Hopkins Hospital:* Within the physical or recognized borders of the facilities of the Johns Hopkins Hospital. (Appendix 1).
- C. *Influenza Season:* An annually recurring time period characterized by the prevalence of outbreaks of influenza. The season typically occurs during the fall and winter months.

#### **IV. POLICY**

The Johns Hopkins Joint Committee for Health Safety and Environment approves the following policy:

- A. As a condition of employment, appointment to the medical, residency, or allied staff, or access to Patient and Clinical Care Areas covered by this policy, all Johns Hopkins employees, faculty, medical staff, residents, fellows, temporary workers, trainees, volunteers, students, and vendors, regardless of employer, who meet one of the following conditions must receive an annual influenza vaccination or possess an approved exception (see Exception below).
  - 1. Primary work location is anywhere within JHH (Appendix 1).
  - 2. Primary work location is in any Patient or Clinical Care Area (see definition).
  - 3. Primary purpose of visit to JHH is to conduct any type of work, including research, in a Patient or Clinical Care Area.
- B. To be compliant with this requirement, personnel must do one of the following:
  - 1. Comply with the designated procedure for obtaining a permissible exception by the first Tuesday in November as described in this policy.
  - 2. Receive the influenza vaccine(s) by the first Tuesday in December, which will be provided free of charge through Occupational Health Services (OHS).
  - 3. Provide OHS with proof of immunization if vaccinated through services other than OHS (e.g., private physician office, public clinics) by the first Tuesday in December. Proof of immunization must include a copy of documentation indicating the vaccine was received.
- C. Prior to the annual onset of influenza season and when the most current vaccination recommendations are published by the Centers of Disease Control and Prevention (CDC), The Johns Hopkins Institutions Health, Safety, and Environment Department (Occupational Health Services) will inform personnel about the following:
  - 1. Requirement(s) for vaccination
  - 2. Dates when influenza vaccine(s) are available
  - 3. Procedure for receiving vaccination
  - 4. Procedure for submitting written documentation of vaccine obtained outside Johns Hopkins
  - 5. Procedure for declining due to a qualified exception
  - 6. Consequences of refusing vaccination

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## **V. EXCEPTION**

### **A. Medical**

1. Exception to required immunization may be granted for certain medical contraindications (see Appendix 2). Standard criteria will be established and include:
  - a. Severe allergy to the vaccine or components as defined by the most current recommendations of the CDC's Advisory Committee on Immunization Practices (ACIP) <http://www.cdc.gov/flu/professionals/acip/2013-summary-recommendations.htm#tab>.
  - b. Guillain-Barré within six weeks of a prior influenza vaccine.
2. Personnel requesting exception must submit a declination form (see Appendix 3) and provide documentation of medical contraindications to Occupational Health Services (OHS) by the first Tuesday in November.
3. A request for medical exception will be evaluated individually by OHS within twenty (20) business days after the request is presented to OHS. If the exception is for allergy to eggs, the most current CDC ACIP recommendations will be followed by OHS.

### **B. Religious**

If personnel decline immunization because it conflicts with sincerely held religious beliefs, they must complete a request for religious exception (see Appendix 4). Requests from JHH/JHHSC employees should be submitted to the Office of Organizational Equity. Requests from JHU employees should be submitted to the JHU Office of Institutional Equity. These requests must be received by the first Tuesday in November and will be reviewed by the Office of Organizational Equity or the Office of Institutional Equity as applicable.

### **C. Requirements Upon Receiving Exception**

If an exception is granted, the individual will sign either electronically or by written documentation attesting that he/she will wear a mask at all times while in any Johns Hopkins Patient or Clinical Care Area (see definition) when within six (6) feet of a patient during the influenza season (as identified by JHHS Epidemiology and Infection Prevention (JHHS EIP) in consultation with the JHHS Medical Microbiology Laboratories).

## **VI. COMPLIANCE**

- A. Any person covered by this policy who fails to comply with the vaccination requirement will be denied access to Johns Hopkins Patient or Clinical Care Areas during the annual influenza season. Such persons may also be subject to the relevant disciplinary procedures established by their respective institutional entity, as it relates to condition of employment, appointment, or access.
- B. Individuals that are granted an exception must wear a surgical mask at all times while in a Johns Hopkins Patient or Clinical Care Area and within six (6) feet of a patient during the influenza season.

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## **VII. RESPONSIBILITIES**

Covered Johns Hopkins Personnel	Receive influenza vaccination by the stated deadline or complete the designated process for a permissible exception.
JHHS Epidemiology and Infection Prevention Office (EIP)	Establish annual vaccination requirements. Specify and announce the beginning and end dates of the influenza season.
JHH/JHHS Office of Organizational Equity	Accept, evaluate, and report on requests for religious exceptions from covered JHH/JHHS personnel. Initiate disciplinary procedures for covered JHH/JHHS personnel who do not comply with this policy. Answer questions related to this policy.
JHU Human Resources	Initiate disciplinary procedures for covered JHU staff who do not comply with this policy. Answer questions related to this policy.
JHU Office of Institutional Equity	Accept, evaluate, and report on requests for religious exceptions from covered JHU personnel. Answer questions related to religious exceptions in accordance with this policy.
Occupational Health Services (OHS)	Administer and track vaccinations. Accept, evaluate, grant or deny requests for medical exception. OHS will evaluate organizational Health Care Personnel vaccination rates, and frequency and reasons for vaccine declinations monthly between September and January. This information will be reported to The Joint Committee for Health Safety and Environment and HEIC EIP. The Joint Committee for Health Safety and Environment and JHHS EIP will be provided lists of personnel not compliant by the prescribed deadline each year.
Supervisors and Managers	Ensure that all covered personnel are vaccinated against influenza each year unless exception has been granted as described in this policy. Enforce mask-wearing provision of this policy as a patient safety standard.

## **VIII. VACCINE SHORTAGE CONTINGENCY**

In the event of an influenza vaccine shortage, JHHS EIP and the Office of Critical Event Preparedness and Response (CEPAR) will determine an appropriate distribution plan for the resources available. EIP and CEPAR will involve OHS, Human Resources, Pharmacy, institutional Infection Control, Administration, and other departments across all entities as needed in determining the allocation plan across JHHS. Influenza vaccine will be offered to personnel based on risk to patient population cared for, job function, and risk of exposure to influenza. Priority will be given to those who provide hands-on patient care with prolonged face-to-face contact with patients and/or have highest risk of exposure to patients with influenza. Those who are prioritized to receive vaccine will be held to the mandatory standard. Those who are not prioritized to receive vaccine will not be held to the mandatory standard for the duration of the vaccine shortage period, and recommendations will be provided to those who do not receive vaccine by JHHS EIP in conjunction with the institutional Infection Control entities.

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## **IX. DISSEMINATION**

This policy will be disseminated by:

1. Emergency management sessions and training sessions
2. In-services and grand rounds
3. Johns Hopkins Institutions intranet site and publications
4. Committees of JHU and JHHS
5. New employee orientation (Appendix 6)
6. HSE web site
7. Email
8. Statement of Attestation – JHU (Appendix 7)

## **X. REFERENCES**

- <http://www.cdc.gov/flu/about/disease/index.htm>
- [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm60e0818a1.htm?s\\_cid=mm60e0818a1\\_e&source=govdelivery](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm60e0818a1.htm?s_cid=mm60e0818a1_e&source=govdelivery)
- Talbot TR, Bradley SE, Cosgrove SE, Ruef C, Siegel JD, Weber DJ. Influenza vaccination of healthcare workers and vaccine allocation for healthcare workers during vaccine shortages. *Infect Control Hosp Epidemiol* 2005;26(11):882-890.
- Talbot TR. Improving rates of influenza vaccination among healthcare workers: educate; motivate; mandate? *Infect Control Hosp Epidemiol* 2008;29(2):107-110.
- Centers for Disease Control and Prevention (CDC); Advisory Committee on Immunization Practices (ACIP). Prevention and control of influenza with vaccines: recommendations of the Advisory Committee on Immunization Practices (ACIP), 2011. *MMWR Recomm Rep*. 2011; <http://www.cdc.gov/mmwr/pdf/wk/mm60e0818.pdf>.
- Babcock HM, Gemeinhart N, Jones M, Dunagan WC, Woeltje KF. Mandatory influenza vaccination of health care workers: translating policy to practice. *Clin Infect Dis*. 2010;50(4):459-464.
- Rakita RM, Hagar BA, Crome P, Lammert JK. Mandatory influenza vaccination of healthcare workers: a 5-year study. *Infect Control Hosp Epidemiol*. 2010;31(9):881-888.

## **REVIEW CYCLE**

Annual

## **APPROVAL**

\_\_\_\_\_  
Chair, Joint Committee for Health Safety and Environment

\_\_\_\_\_  
Date

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**APPENDICES**

**APPENDIX 1: PATIENT OR CLINICAL CARE AREAS**

A. Buildings which are entirely patient or clinical care areas (for the purpose of this policy).

1. The Johns Hopkins Hospital:

- a. 550 N. Broadway
- b. Billings/Administration
- c. Blalock Building
- d. Bloomberg Children's Center
- e. Brady Building
- f. Carnegie Building
- g. Children's Medical and Surgical Center (CMSC)
- h. Halsted Building
- i. Marburg Building
- j. Maumenee Building/Wilmer Eye Institute
- k. Meyer Building
- l. MRI Building
- m. Nelson-Harvey Tower
- n. Osler Building
- o. Park Building
- p. Phipps Building
- q. Sheikh Zayed Tower
- r. Weinberg Building

2. Health Care & Surgery Centers:

- a. Johns Hopkins Health Care & Surgery Center at Green Spring Station
- b. Johns Hopkins Health Care Center at Odenton
- c. Johns Hopkins Health Care & Surgery Center at White Marsh

B. Other buildings owned, leased, rented, or operated by JHHS or JHU which contain Patient or Clinical Care Areas (see definition):

1. East Baltimore Medical Campus:

- a. Church Home Professional Building
- b. Johns Hopkins Outpatient Center (JHOC)
- c. Rubenstein Child Health Building
- d. Smith – Wilmer Building: Bendann Surgical Pavilion

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**APPENDIX 2: CRITERIA FOR MEDICAL EXCEPTIONS**

Medical exceptions include:


1. Severe allergy to vaccine components;
2. Guillain-Barré within six weeks of receiving an influenza vaccine.

Personnel requesting exception must submit a declination form (Appendix 3) and provide documentation of medical contraindications to Occupational Health Services (OHS). OHS will evaluate the allergy history and determine a course of action based on the severity. If OHS determines that there is a history of an allergic reaction to the vaccine or its components, an allergy consultation may be offered. For personnel with a history of *severe* allergic reactions, (i.e., those involving symptoms such as angioedema or respiratory distress; or, who required epinephrine or other emergency medical intervention), referral to an allergist for further risk assessment will be made prior to receipt of the vaccine. If the exception is for allergy to eggs, the most current CDC ACIP recommendations will be followed by OHS, <http://www.cdc.gov/flu/professionals/acip/2013-summary-recommendations.htm#tab>.

If the patient reports a history of Guillain-Barré from any cause in the past six weeks, the individual may be referred to a neurologist with expertise in this area.

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**APPENDIX 3: MEDICAL EXCEPTION FORM**



**JOHNS HOPKINS**  
MEDICINE

**VACCINE MEDICAL EXCEPTION FORM  
REQUEST FOR MEDICAL EXCEPTION FROM INFLUENZA VACCINATION**

PLEASE PRINT THE FOLLOWING INFORMATION:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
E-mail address: \_\_\_\_\_ Phone/Pager No.: \_\_\_\_\_  
Department/School: \_\_\_\_\_ Supervisor/Manager \_\_\_\_\_  
Physician Name: \_\_\_\_\_ Physician Phone No.: \_\_\_\_\_

Dear Physician:

Johns Hopkins requires influenza vaccination similar to other required vaccinations such as MMR and varicella. For decades influenza vaccination has been recommended for healthcare workers because they have been shown to be effective in reducing the incidence of influenza in inpatient populations. Influenza vaccination has also been recommended in pregnancy by the Centers for Disease Control to protect pregnant women (who are at increased risk of severe disease) and to protect the baby after it is born. The above named person is requesting an exception from this vaccination requirement. A medical exception from influenza vaccination is allowed for certain recognized contraindications (CDC MMWR Early Release 2011; Vol. 60. Available online: <http://www.cdc.gov/mmwr/pdf/wk/mm60e0818.pdf>).

Please complete the form below. Should you have any questions, please contact Johns Hopkins Medicine Occupational Health Services at 410-955-6211. Thank you.

**The above person should not be immunized for influenza for the following reasons (Please check all that apply.):**

History of previous allergic reaction and documented allergy testing to indicate an immediate hypersensitivity reaction to the influenza vaccine or a component of the vaccine. **Please attach supporting DOCUMENTATION or MEDICAL RECORDS.**

History of Guillain-Barre Syndrome within six weeks of receiving a previous vaccine. Please provide and attach a detailed narrative that describes the event.

Other – Please provide this information in a separate narrative that describes the exception in detail (these requests will be reviewed on a case-by-case basis).

I certify that \_\_\_\_\_ has the above contraindication and request a medical exception from influenza vaccination.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Note: Signature Stamp Not Acceptable)

Physician Medical License No.: \_\_\_\_\_

**PLEASE FAX, E-MAIL OR MAIL THIS TO  
OCCUPATIONAL HEALTH SERVICES AT THE JOHNS HOPKINS UNIVERSITY**

East Baltimore Campus Johns Hopkins Medicine Occupational Health Services The Church Home Professional Office Building 98 North Broadway, Room 421 Baltimore, MD 21231 Office 410.955.6211 Fax 410.955.1617 <a href="mailto:doooley3@jhmi.edu">doooley3@jhmi.edu</a>	Homewood Campus The Johns Hopkins University Occupational Health Services 3400 North Charles Street W-601 Wyman Park Building Baltimore, MD 21218 Office 410.516.0450 Fax 410.516.0452 <a href="mailto:cshopman@jhu.edu">cshopman@jhu.edu</a>
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**DESIGNATED OFFICE USE ONLY:**  
Medical Exception Approved on: \_\_\_\_/\_\_\_\_/\_\_\_\_ Approving Staff Signature: \_\_\_\_\_



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**APPENDIX 4a: RELIGIOUS EXCEPTION FORM, JHU**

**JHU Request for Exception from Influenza Vaccination for Religious Reasons**

Johns Hopkins University is committed to diversity and inclusiveness of all our employees. Johns Hopkins University has mandated that all personnel who provide direct patient care or work in patient care areas be vaccinated against influenza (the flu). If you have declined to receive the flu vaccine for religious reasons, please provide the following information:

**Name:** \_\_\_\_\_ **Date of Request:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Immediate Supervisor:** \_\_\_\_\_

“Because the mandatory vaccination conflicts with my sincerely held religious beliefs and practices or membership in a church or religious body, I decline the influenza vaccination at this time.”

**Name of Religious Belief, Church or Religious Body:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Religion Tenet(s) Documentation**

*In some cases, JHU will need to obtain documentation or other authority regarding your religious practice or belief. We may need to discuss the nature of your religious belief(s), practice(s) and accommodation with your religion’s spiritual leader (if applicable) or religious scholars to address your request for an exception.*

If requested, can you obtain documentation or other authority to support the need for an exception based on your religious practice or belief?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If no, explain why: \_\_\_\_\_

**Verification and Accuracy**

I verify that the above information 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 also understand that my request for an exception may not be granted if it is not reasonable or if it creates an undue hardship on my employer.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

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**Summary of Next Steps**

1. This request will be reviewed with you and acknowledged by the Office of Institutional Equity.
2. You will be notified of the decision regarding your requested exception.
3. If you are granted a religious exception, you may be required to wear a surgical mask during the influenza season when working directly with patients, working in patient areas, or coming within 6 feet of patients.
4. If you disagree with the decision regarding your request, please contact the JHU Office of Institutional Equity for assistance at 410-516-8075.

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**APPENDIX 4b: RELIGIOUS EXCEPTION FORM, JHH/JHHSC**

**JHH/JHHSC INFLUENZA VACCINATION RELIGIOUS EXCEPTION REQUEST FORM**

The Johns Hopkins Institutions promote workforce diversity and an inclusive workplace for all employees as part of its equal employment opportunity commitments. If your religious beliefs and practices conflict with the flu vaccination requirement, please provide the following information.

***Exception Granted Previously***

Did JHH/JHHS Office of Organizational Equity grant you religious exception from the flu in a previous flu season?  
 YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please answer the following and fill out the "Basic Information" section below:

Year Exception Granted: \_\_\_\_\_  
 Whether Exception Renewed in Subsequent Year: YES \_\_\_\_\_ NO \_\_\_\_\_  
 Basis of Exception (Use space below & use additional sheet if necessary):

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***Basic Information***

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_  
 Department: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_  
 Do you have direct patient care? YES \_\_\_\_\_ NO \_\_\_\_\_

**Please explain why you are seeking an exception (Use space below & use additional sheet if necessary):**

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In some cases, JHH/JHHSC will need to obtain additional information and/or documentation about your religious practice or belief. If requested, can you provide documentation to support your beliefs and need for an accommodation?  
 YES \_\_\_\_\_ NO \_\_\_\_\_

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If no, please explain why (Use space below & use additional sheet if necessary):

\_\_\_\_\_

\_\_\_\_\_

Are you attaching any supporting documentation to this request?

YES \_\_\_\_\_ NO \_\_\_\_\_

**Verification and Accuracy**

I verify that the above information 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, including employment termination.

I also understand that my request for an exception may not be granted if it is not reasonable or if it creates an undue hardship on my employer.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**EMPLOYER'S USE ONLY**

Date Received: \_\_\_\_\_ Initials of Recipient: \_\_\_\_\_ Documentation Attached? \_\_\_\_\_

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**TO BE COMPLETED BY OCCUPATIONAL HEALTH SERVICES, IF NEEDED:**

Received Flu Vaccine Previously? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, identify when: \_\_\_\_\_

\_\_\_\_\_

Received Other Vaccinations or Injections Previously? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please identify type and date: \_\_\_\_\_

\_\_\_\_\_

**TO BE COMPLETED BY: JHH/JHHS OFFICE OF ORGANIZATIONAL EQUITY**

Exception Granted? YES \_\_\_\_\_ NO \_\_\_\_\_

If no, explain why:

\_\_\_\_\_

\_\_\_\_\_