REQUEST FOR MEDICAL EXEMPTION

☐ Shaving for fit testing

COMPLETE BELOW, THEN FORWARD THE SIGNED FORM TO: Exemptions@jefferson.edu

Date of Request: _____

EMPLOYEE NAME _____ DOB: _____/_____/_____ PHONE ( ) ____ - _____

EMPLOYER:

☐ ABINGTON – Campus: _____

☐ JEFFERSON NORTHEAST- Campus: _____ ☐ TJUH ☐ METHODIST ☐ MAGEE

☐ JEFFERSON NEW JERSEY – Campus: _____ ☐EINSTEIN – Campus: _____

☐ TJU/JUP - SCHOOL: _____

Job Title: _____

DEPARTMENT: _____ SUPERVISOR: _____ PHONE: _____

E-MAIL: _____

I understand that Thomas Jefferson University and/or Jefferson Health require all employees to shave their beards in order to be properly fit tested during the COVID 19 pandemic. CDC states "Ensuring the respirator seal is a vital part of respiratory protection practices. Facial hair that lies along the sealing area of a respirator, such as beards, sideburns, or some mustaches, will interfere with respirators that rely on a tight face piece seal to achieve maximum protection. Facial hair is a common reason that someone cannot be fit tested" I understand the consequences of declining to shave due to my personal medical condition. In addition, it has been explained to me that my job position may be restricted due to my declination of vaccination.

Dear Healthcare Provider:

Working in healthcare, employees are required to meet certain standard as set by the CDC, OSHA and the Joint Commission. One of the requirements is fit testing. Your patient states that he/she is being treated by you for an illness that prevents them from wearing an N95 mask. In addition, it has been explained to me that my job position may be restricted due to my declination of vaccination.

Please provide us with written documentation on why this employee should not shave to wear a N95 mask.

Sincerely,

Kenneth Lankin MD, MPH
Enterprise Medical Director – Jefferson Health

My patient should not shave to wear a N95 for the following medical reason(s):

_____

_____

_____

I certify my patient has the above contraindication(s) and request a medical exemption for use of N95 mask.

Healthcare Provider Signature: _____ NPI #_____
(Signature only – stamp NOT accepted)

Healthcare Provider Name/Credentials: (PRINT): _____ Phone: _____ Date: _____

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Jefferson Approval: _____ Date: _____

☐ Approved ☐ Not Approved

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