AMERICAN COMMERCIAL BARGE LINE'S CERTIFYING MEDICAL PROVIDER COVID-19 VACCINATION EXEMPTION FORM

PART 1: ACBL TEAM MEMBER OR SPOUSE INFORMATION (Employee completes Part 1)

First Name

Last Name

Employee **Spouse**

PART 2: HEALTHCARE PROVIDER (Provider completes Part 2)

NOTIFICATION TO THE CERTIFYING HEALTHCARE PROVIDER

American Commercial Barge Line requires a COVID-19 vaccination as a condition to remove our medical plan COVID-19 vaccination surcharge. The above-named employee is requesting an exemption from this vaccination policy. Accommodations to the COVID-19 Vaccination Policy may be allowed for certain recognized contraindications. Should you have any questions, please contact American Commercial Barge Line Wellness at ACBLWellness@bargeacbl.com.

I certify that the person requesting this certification has a medical condition that contraindicates them from receiving any of the available FDA-authorized COVID-19 vaccinations.

Please check the appropriate box and describe below:

The person requesting this certification has an applicable CDC-recognized contraindication to this vaccine.

There is an applicable manufacturer's vaccine insert contraindication to this vaccine.

The person requesting this certification has a physical condition or medical circumstance such that immunization is not considered safe.

***REQUIRED: Describe the contraindication, physical condition, or medical circumstance meeting the criteria above:**

The contraindication, physical condition, or circumstance is:

Long-Term

Temporary

If this is a temporary condition or medical circumstance, indicate when it is expected to end or expire (allowing for COVID-19 vaccination to begin after the date provided):

Healthcare Provider Name (please print)

Healthcare Provider Signature

Date

Healthcare Provider Phone Number