This facility will consider granting an employee a medical exemption from the COVID-19 Vaccination based upon an authenticating practitioner’s recommendation (who is not the person requesting the exemption) based on the recognized clinical contraindication(s).

To request the medical exemption from vaccination, please complete Section 1 below and have your medical provider complete Section 2 before returning this to Occupational Health

**SECTION 1**

**Employee Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 2**

**Medical Certification for Vaccine Exemption**

Dear Medical Provider,

This facility requires vaccination against COVID-19 as a condition of employment. The individual named above is seeking an exemption to this policy due to medical contraindications.

Please complete this form to assist the facility in the reasonable accommodation process.

**Describe the recognized clinical contraindications to the COVID-19 Vaccine(s):**

* Employee has a history of a severe allergic reaction (i.e., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine
* Employee has a history of a known diagnosed allergy to a component of the COVID-19 vaccine
* Employee has an allergy to polyethylene glycol (PEG) and should not get a Pfizer-BioNTech or Moderna COVID-19 vaccine
* Employee has a history of anaphylaxis after any vaccine other than COVID-19 vaccine or after any injectable therapy
* Employee has a history of a non-severe, immediate (onset less than 4 hours) allergic reaction after a dose of one type of COVID-19 vaccine - have a precaution to the same type of COVID-19 vaccine
* Individual has a known allergy to polysorbate - contraindication to both Novavax and Janssen COVID-19 vaccine
* Employee has a history of MIS-C or MIS-A
* Employee has a history of myocarditis or pericarditis after a dose of an MRNA or Novavax COVID-19 Vaccine
* Employee has a history of thrombocytopenia syndrome (TTS) following 1 dose of Janssen

COVID- 19 Vaccine (Address in comment section if another COVID-19 vaccine is not indicated)

* Employee has a history of myocarditis or pericarditis after a dose of an mRNA COVID-19 vaccine
* Employee has a history of Guillain-Barré Syndrome (GBS) and an mRNA COVID-91 vaccine is not

available

* Other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **This exemption should be:**   * Permanent * Temporary, expiring on: \_\_/\_\_/\_\_\_\_, or when \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **COVID-19 Vaccine that is clinically contraindicated includes:**   * Moderna * Pfizer-BioNTech * Janssen (Johnson& Johnson) * Novavax |

**\*\*Attach supporting medical information**

I certify the information provided to be true and accurate and includes recognized clinical contraindications to receiving a COVID-19 vaccine and request exemption from the COVID-19 vaccination for the above-named individual.

|  |  |
| --- | --- |
| Medical Provider Name (print): | |
| Medical Provide Signature: | Date: |
| Practice Name & Address: | Provider Phone: |

Occupational Health Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Exemption Granted: Yes: \_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Occupational Health Use Only:**

Medical Exemption Granted: Yes: \_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Details of Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Exemption Denied: Yes: \_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Details of Denial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Follow up Action Taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*This exemption will be kept in the employee’s personnel file

**Resource and Reference:** Centers for Disease Control and Prevention. Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States, Page Last Reviewed, November 15, 2022: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html>