COVID-19 Vaccination Medical Exemption Request Form

Pursuant to Executive Order No. 13G, a state employee or a state hospital employee may seek an exemption from the COVID-19 vaccination requirement if the individual's physician, physician assistant, or advanced practice registered nurse determines that the administration of the COVID-19 vaccine is likely to be detrimental to the individual's health. In such cases, state hospital employees may continue in their job only if they are able to perform their essential job functions with a reasonable accommodation that is not an undue burden on the covered state agency and does not pose a direct threat to the health or welfare of patients.

To request a medical exemption, please have your physician, physician assistant, or advanced practice registered nurse complete this form. Once the form is completed, please [upload the form].

HEALTHCARE PROVIDER CERTIFICATION

Patient Name: _____

Dear Healthcare Provider:
The above-named individual has requested a medical exemption from the Facility's COVID-19 vaccination program. The Facility will evaluate the request based on the medical information you provide below. A medical exemption is allowed only for currently recognized contraindications or other compelling medical reasons.

Please complete this form if the person listed above is your patient, you agree that this patient has medical contraindications to receiving all currently available COVID-19 vaccines, and you recommend that this patient should **NOT** be vaccinated for COVID-19 based on their individual medical condition(s).

More information on clinical considerations for COVID-19 vaccination, including contraindications, can be found on the CDC website:
https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html.

We encourage you to listen carefully to your patient's concerns regarding vaccination and provide information that will help them make a fully informed decision. The CDC also provides information that is helpful in overcoming vaccine hesitancy. For some patients, specialists in allergies and immunology may be able to provide additional care and advice. Please include any related medical information connected to your assessment.

Directions:

Part 1. Please complete the Provider Information requested.
Part 2. Please mark the currently recognized contraindications/precautions that apply to this patient (indicate all that apply).
Part 3. If no contraindications or precautions apply in part 2, write a brief explanation of the reason the patient requires the medical exemption from COVID-19 vaccination.
Part 4. Read, sign, and date the Statement of Clinical Opinion.

1. PROVIDER INFORMATION

PATIENT NAME: _____

***Physician (MD or DO)/Physician Assistant/Nurse Practitioner (APRN) Name** (print):*

_____

Name and Address of Practice:

_____

***Contact Phone Number:** _____ **Email:** _____*

***State License Number:** _____*

PART 2. SPECIFIC CONTRAINDICATIONS

Please mark the vaccine(s), exemption duration, and all contraindications/precautions that apply to this patient for each vaccine.

Medical contraindications and precautions for COVID-19 vaccine are based upon the Advisory Committee on Immunization Practices (ACIP) Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States, published by the Centers for Disease Control and Prevention.

A **contraindication** is a condition in a recipient that increases the risk for a serious vaccine adverse event (VAE) or compromises the ability of the vaccine to produce immunity.
A **precaution** is a condition in a recipient that might increase the risk for a serious VAE or that might compromise the ability of the vaccine to produce immunity. Under normal conditions, vaccinations are deferred when a precaution is self-limiting, but can be administered if the precaution condition improves.

CDC Recognized Contraindications and Precautions

COVID-19 VACCINES INCLUDED IN EXEMPTION	EXEMPTION DURATION	ACIP CONTRAINDICATIONS AND PRECAUTIONS (CHECK ALL THAT APPLY)
☐ **Pfizer mRNA vaccine**	☐ **Temporary through: ____/_____** mm / yyyy ☐ **Permanent**	☐ Severe allergic reaction* (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine ☐ Immediate allergic reaction* of any severity to a previous dose or known (diagnosed) allergy to a component of the COVID-19 vaccine **Precautions** ☐ History of an immediate allergic reaction* to any vaccine other than COVID-19 vaccine ☐ History of an immediate allergic reaction* to any injectable therapy (i.e., intramuscular, intravenous, or subcutaneous vaccines or therapies [excluding subcutaneous immunotherapy for allergies, i.e., "allergy shots"]) ☐ History of an immediate allergic reaction* to a vaccine or injectable therapy that contains multiple components, one or more of which is a component of a COVID-19 vaccine, have a precaution to vaccination with that COVID-19 vaccine, even if it is unknown which component elicited the allergic reaction
☐ **Moderna mRNA vaccine**		
☐ **Janssen/ J&J viral vector vaccine**		

* Immediate allergic reaction to a vaccine or medication is defined as any hypersensitivity-related signs or symptoms consistent with urticaria, angioedema, respiratory distress (e.g., wheezing, stridor), or anaphylaxis that occur within four hours following administration.

PATIENT NAME: _____

Neither contraindications nor precautions to COVID-19 vaccination

Allergic reactions (including severe allergic reactions) not related to vaccines (COVID-19 or other vaccines) or injectable therapies, such as allergic reactions related to food, pet, venom, or environmental allergies, or allergies to oral medications (including the oral equivalents of injectable medications), are **not** a contraindication or precaution to COVID-19 vaccination. The vial stoppers of COVID-19 vaccines are not made with natural rubber latex, and there is no contraindication or precaution to vaccination for people with a latex allergy. In addition, because the COVID-19 vaccines do not contain eggs or gelatin, people with allergies to these substances do not have a contraindication or precaution to vaccination.

Delayed-onset local reactions have been reported after mRNA vaccination in some individuals beginning a few days through the second week after the first dose and are sometimes quite large. People with only a delayed-onset local reaction (e.g., erythema, induration, pruritus) around the injection site area after the first vaccine dose do **not** have a contraindication or precaution to the second dose. These individuals should receive the second dose using the same vaccine product as the first dose at the recommended interval, preferably in the opposite arm.

PART 3. OTHER TYPE OF MEDICAL CONDITION

Complete this section if claiming a medical exemption for a COVID-19 vaccine based on a condition that does not meet any of the ACIP criteria for a contraindication or precaution listed in Part 2.

Please provide an explanation of the condition(s) indicated above:

CERTIFICATION: I certify that the above-named individual should be granted a medical exemption from COVID-19 vaccination because I have reviewed the clinical considerations for COVID-19 vaccination and accordingly have determined that the administration of a COVID-19 vaccine would be detrimental to the individual's health.

Signature: _____ **Date:** _____