

REQUEST FOR MEDICAL EXEMPTION/ACCOMODATION FROM MANDATORY COVID-19 VACCINATION

Part 2 – To be completed by Employee's Medical Provider:

Name: _____
Phone No: _____

Date of Birth: _____
E-mail: _____

Dear Provider:

The individual named above is seeking a medical exception to the requirement for COVID-19 vaccination or a delay because of a temporary condition or medical circumstance.

Please provide at least the following information, where applicable¹:

1. The applicable contraindication or precaution for COVID-19 vaccination, and for each contraindication or precaution, indicate: (a) whether it is recognized by the CDC pursuant to its guidance; and (b) whether it is listed in the package insert or Emergency Use Authorization fact sheet for each of the COVID-19 vaccines authorized or approved for use in the United States;
2. A statement that the individual's condition and medical circumstances relating to the individual are such that COVID-19 vaccination is not considered safe, indicating the specific nature of the medical condition or circumstances that contraindicate immunization with a COVID-19 vaccine or might increase the risk for a serious adverse reaction; and
3. Any other medical condition that would limit the employee from receiving any COVID-19 vaccine.
4. Please provide the following information: A description of the medical condition for which the employee listed above should be excepted from complying with a COVID-19 vaccination requirement:

If this is a temporary condition or medical circumstance, when is it expected to end or expire?

The condition described above is: ☐ Temporary ☐ Permanent

I certify that the patient named above should not receive the COVID-19 vaccination due to a medical contraindication.

Provider Signature: _____ Date: _____
Provider Name: _____ Phone: _____