

**Appendix B: COVID-19 Vaccination Medical Exemption Request Form**

**Request for Medical Exemption for COVID-19 Vaccination**

Pursuant to Executive Order No. 13G, Covered State Agencies, School Boards, or Child Care Facilities may exempt an individual from the facility’s COVID-19 vaccination requirement if the individual’s physician (MD or DO), physician assistant (PA), or advanced practice registered nurse (APRN) determines that the administration of the COVID-19 vaccine is likely to be detrimental to the individual’s health. In such cases, the facility may allow the individual to continue to access on-site facilities if the individual:

- 1) is able to perform their essential job functions with a reasonable accommodation that is not an undue burden on the facility,
- 2) does not pose a direct threat to the health or welfare of others, and
- 3) submits adequate proof of a negative test for SARS-CoV-2 on a weekly basis

To request a medical exemption to the COVID-19 vaccination requirement, please complete the information below and have your physician, physician assistant, or advanced practice registered nurse complete the information on the pages that follow. Once the form is completed, please submit it to the individual designated by the facility.

**EMPLOYEE REQUESTING EXEMPTION:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Agency/Department: \_\_\_\_\_

Manager/Supervisor: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## HEALTHCARE PROVIDER CERTIFICATION

**Patient Name:** \_\_\_\_\_

### Dear Healthcare Provider:

The above-named individual has requested a medical exemption from COVID-19 vaccination as required by their employer under the Governor's Executive Order No. 13G. This request for exemption will be evaluated based on the medical information you provide. A medical exemption is allowed only for currently recognized contraindications or other compelling medical reasons.

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.

Please complete this form if the person listed above seeking a medical exemption 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>.

### 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 but you are still indicating a need for medical exemption from COVID-19 vaccination for this patient, provide a brief explanation of your reasoning for this opinion.

**Part 4.** Read, sign, and date the Statement of Clinical Opinion.