

COVID-19 Vaccine Medical Exemption Request Form

Associates who are requesting a Medical Exemption to the COVID-19 vaccine must submit this completed form to the Vaccine Inbox. The form should be completed by the associate's provider.

Associate's Name

Associate ID

Treating Provider Attestation:

I confirm that the above patient has the following medical contraindication to the COVID-19 vaccine, and it is my medical recommendation that this patient should not receive the COVID-19 vaccination:

- A severe or immediate allergic reaction to a prior COVID-19 vaccine. List brand and vaccination date: _____
- A severe allergic reaction to vaccine components making them unable to take any of the available COVID-19 vaccines (see vaccine components below). List the components to which the patient is allergic: _____
 - *The Pfizer BioNTech COVID-19 vaccine contains: messenger ribonucleic acid (mRNA), lipids ((4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate), 2 [(polyethylene glycol)-2000]-N,N-ditetradecylacetamide, 1,2-Distearoyl-sn-glycero-3-phosphocholine, and cholesterol), potassium chloride, monobasic potassium phosphate, sodium chloride, dibasic sodium phosphate dihydrate, and sucrose.*
 - *The Moderna COVID-19 vaccine contains: mRNA, lipids (SM-102, polyethylene glycol [PEG] 2000 dimyristoyl glycerol [DMG], cholesterol, and 1,2-distearoyl-sn-glycero-3-phosphocholine [DSPC]), tromethamine, tromethamine hydrochloride, acetic acid, sodium acetate, and sucrose.*
 - *The Johnson & Johnson/Janssen COVID-19 vaccine contains: recombinant, replication-incompetent adenovirus type 26 expressing the SARS-CoV-2 spike protein, citric acid monohydrate, trisodium citrate dihydrate, ethanol, 2-hydroxypropyl-β-cyclodextrin (HBCD), polysorbate-80, and sodium chloride.*
- Other condition or comments:

Please allow my patient temporary deferral of the COVID-19 vaccine due to the following:

- Received monoclonal antibody therapy or convalescent plasma in the past 90 days (enter last date received): _____ Note: Vaccination will be temporarily deferred for 90 days following receipt of monoclonal antibody or convalescent plasma.

Provider Signature: _____ Date: _____

Provider Name and credentials (print): _____

Contact information (phone/email): _____

BVHS Review Committee: Approval__ OR Deny__