Request for Medical Exemption from COVID-19 Vaccination

A medical exemption from the COVID-19 vaccination is allowed for recognized medical reasons. The CDC and FDA provide guidance on who should and who should not get a COVID-19 vaccine.

Please complete the form below to request a medical exemption for your patient.
The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information" as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact than an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member of an embryo lawfully held by an individual or family member receiving assistive reproductive services.

NAME OF PATIENT:_____

My patient should not be vaccinated against COVID-19 for the following listed diagnosis, condition and or reason(s):

_____

_____

_____

This is a:_____Temporary Medical Condition through: _____

estimated date
(extension with provider's approval)

_____Permanent Medical Condition

I certify that my patient requires a medical exemption from the COVID-19 vaccine. I understand that I could be contacted for additional clarification.

Name of Physician (MD, DO, PA-C, CRNP): _____

Name of medical practice:

_____

Phone number:

_____

8785860.1

Signature: _____   Date: _____

<p style="text-align:center">Signature stamps are <u>not acceptable</u></p>

Telephone #: _____

<p style="text-align:center">FOR OFFICE USE ONLY</p>

Received from student/employee on the following date: _____

Reviewed on the following date: _____

<u>Disposition</u>

Approved by: _____

Disapproved by: _____

Person requesting exemption notified on the following date: _____