



## Medical Immunization Exemption Certificate For Use in Health Care Facilities

### Section 1: Health Care Facility and Worker Information

NAME OF HEALTH CARE FACILITY:	STREET ADDRESS:	CITY:	ZIP CODE:	PHONE:
HEALTH CARE WORKER NAME:		DATE OF BIRTH:		
STREET ADDRESS:	CITY:	ZIP CODE:	PHONE:	

### Section 2: For Health Care Provider Use Only: Please provide name, address, vaccine contraindication(s), signature and date.

NAME OF HEALTH CARE PROVIDER	STREET ADDRESS:	CITY:	ZIP CODE:	PHONE:
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I certify that due to the contraindication(s) checked below the above-named individual is exempt from receiving the required vaccine(s):

**COVID-19 Vaccine**

Vaccine	Contraindication(s) to vaccination
<b>COVID-19 vaccine (any vaccine against COVID-19 that is authorized by the U.S. Food and Drug Administration or World Health Organization, and Novavax)</b>	<input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after previous dose or to a component of the vaccine  <input type="checkbox"/> Immediate allergic reaction* of any severity after a previous dose or known (diagnosed) allergy to a component of the vaccine  <input type="checkbox"/> History of myocarditis or pericarditis after a first dose of an mRNA COVID-19 vaccine**  <input type="checkbox"/> History of myocarditis or pericarditis unrelated to mRNA COVID-19 vaccination***  <input type="checkbox"/> Monoclonal Antibody Treatment (MABS) within the 90 days prior to October 1, 2021 (healthcare worker should get vaccinated no later than 91 to 120 days after MABS)

\*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.

\*\* See "Considerations for vaccination of people with certain underlying medical conditions" in *CDC Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States* for more information [https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcovid-19%2Finfo-by-product%2Fclinical-considerations.html#underlying-conditions](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcovid-19%2Finfo-by-product%2Fclinical-considerations.html#underlying-conditions)

\*\*\*People with a history of myocarditis or pericarditis unrelated to mRNA COVID-19 vaccination may receive COVID-19 vaccination after the episode of myocarditis or pericarditis has resolved. See "Considerations for vaccination of people with certain underlying medical conditions" in *CDC Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States* for more information [https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcovid-19%2Finfo-by-product%2Fclinical-considerations.html#underlying-conditions](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcovid-19%2Finfo-by-product%2Fclinical-considerations.html#underlying-conditions)

\_\_\_\_\_ Health Care Provider Signature

\_\_\_\_\_ Date