

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 that 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

\_\_\_\_\_ 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:

\_\_\_\_\_

Signature: \_\_\_\_\_  
Signature stamps are not acceptable

Telephone #: \_\_\_\_\_

FOR OFFICE USE ONLY

Received from student/employee on the following date: \_\_\_\_\_

Reviewed on the following date: \_\_\_\_\_

Disposition

Approved by: \_\_\_\_\_

Disapproved by: \_\_\_\_\_

Person requesting exemption notified on the following date: \_\_\_\_\_