

## Request for Medical Exemption from COVID-19 Vaccine Requirement

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**Employee Section: Complete the following information**

Name (last, first) \_\_\_\_\_ Duke Unique ID \_\_\_\_\_

Email Address: \_\_\_\_\_ Best Phone Number \_\_\_\_\_

**After you and your provider complete this form, scan it and submit it to EOHWCovidVac@duke.edu.** Information will be kept only in your confidential EOHW record. After review and acceptance of this information, your OESO compliance record will be updated within one week.

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**Provider Section: A licensed physician, PA, or NP must complete and sign this section.** Forms completed by the employee will not be accepted.

**Physician/Provider Instructions:** By completing this form, you certify that different methods of vaccinating against COVID-19 have been considered, and that the following medical contraindication precludes any/all vaccinations for COVID-19. Guidance for medical exemptions for COVID-19 vaccination can be obtained from the Advisory Committee on Immunization Practices (ACIP) available at <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>.

**The following are NOT considered contraindications to COVID-19 vaccination:**

- Local injection site reactions after (days to weeks) previous COVID-19 vaccines (erythema, induration, pruritus, pain, etc.)
- Expected systemic vaccine side effects in previous COVID-19 vaccines (fever, chills, fatigue, headache, lymphadenopathy, vomiting, diarrhea, myalgia, arthralgia)
- Vasovagal reaction after receiving a dose of any vaccination
- Being an immunocompromised individual or receiving immunosuppressive medications
- Autoimmune conditions, including Guillain-Barre Syndrome
- Allergic reactions to anything not contained in the COVID-19 vaccines, including injectable therapies, food, pets, venom, environmental allergens, oral medication, latex, etc
- Breastfeeding
- Immunosuppressed person in the employee’s household
- Alpha-gal Syndrome
- **The COVID vaccines do not contain Egg or gelatin, allergies to these substances are not contraindication**

**Please select medically indicated contraindication below:**

Severe allergic reaction (anaphylaxis) after a previous dose of or to a component of the COVID-19 Vaccine, including Polyethylene Glycol (PEG) (Please describe response in detail below and contraindication to alternatives, such as the Johnson & Johnson vaccine, which does not contain PEG)

Immediate allergic reaction to a previous dose or known (diagnosed) allergy to a component of the vaccine (Please describe response in detail below and contraindication to alternative vaccines.)

Other medical circumstance preventing vaccination with any available COVID-19 vaccine (Be specific & describe in detail below)

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Signature of Healthcare Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_ Practice name: \_\_\_\_\_

Practice telephone number: \_\_\_\_\_ Practice email: \_\_\_\_\_