



REQUEST FOR MEDICAL EXEMPTION FROM COVID-19 VACCINE REQUIREMENT

The purpose of this form is to start the accommodation process and help MMH determine whether you may be eligible for a medical exemption or delay from the COVID-19 Vaccine Requirement. You are encouraged to provide as much information as possible to enable MMH to evaluate your request. All requests for a medical exception or deferment will be evaluated on an individual basis.

By submitting this Request, the patient is certifying that the information contained herein is true and correct and to the best of their knowledge and belief.

Patient Section: Complete the following information (PLEASE PRINT).

Print Name (last, first):		MMH ID:	Date of Birth:		
Email Address:		Phone Number:			
Signature:					
Department:		Director:			
CIRCLE ONE					
Employee	Not Yet Started	Student/Observer	Traveler/Contract	Physician/APP	Other

After you and your provider complete this form, scan it and submit in .pdf or Word format to medicalexemptionrequest@midlandhealth.org. Information will be kept only in your confidential vaccine record. After review and acceptance of this information, your vaccine compliance record will be updated within one week.

Provider Section: A licensed physician, PA, or NP must complete and sign this section. Forms completed by the employee will not be accepted. **Note: there may be limited circumstances where there is not an appropriate healthcare provider to sign the exemption request form (example: I received the monoclonal antibody infusion within the past 90 days and am seeking a vaccine deferral for the 90 day wait period.) In these limited cases, the employee should complete this exemption request form and provide explanation for the inability to provide a healthcare provider's signature.*

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, disability or patient's present condition, 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 available at <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>.

Per CDC guidance, 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



- Persons with moderate and severe immune compromise
- Autoimmune conditions, including Guillain-Barre Syndrome
- Allergic reactions to anything not contained in the COVID-19 vaccines, injectable therapies, components of COVID-19 vaccines, or polysorbates, including: food, pet dander, venom, environmental allergens, oral medication, latex, eggs, or gelatin
- Breastfeeding
- Immunosuppressed person in the employee's household

Please select medically indicated contraindication below or provide an explanation of the disability or condition that prevents the patient from receiving the vaccination in the space 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)

If the medical contraindication, disability or condition is temporary in nature, indicate below with specific information as to the necessity of the delay and under what circumstances the patient will be able to receive the vaccination.

By signing below, you are certifying that the information contained herein is true and correct to the best of your knowledge and belief. Further, by signing below you are recommending that the employee identified above is under your care and it is your recommendation that person should not be vaccinated against COVID-19.

Signature of Healthcare Provider:	Date:
Printed Name:	Practice Name:
Practice telephone number:	Practice email:

REQUEST FOR RELIGIOUS EXEMPTION FROM COVID-19 VACCINE REQUIREMENT

The purpose of this form is to start the accommodation process and help MMH determine whether you may be eligible for a religious exemption from the COVID-19 Vaccine Requirement. You are encouraged to provide as much information as possible to enable MMH to evaluate your request. All requests for a religious exemption will be evaluated on an individual basis.

Signing this form constitutes a declaration that the information you provide is, to the best of your knowledge and ability, true and correct.

Personnel Section: Complete the following information (PLEASE PRINT).

Name (last, first):	MMH ID:
Email Address:	Phone Number:
Department:	Director Name:

CIRCLE ONE					
Employee	Not Yet Started	Student/Observer	Traveler/Contract	Physician/APP	Other

After you complete this form, scan and submit in .pdf or Word format to religiousexemptionrequest@midlandhealth.org. Information will be kept only in your confidential vaccine record. After review and acceptance of this information, your vaccine compliance record will be updated within one week.

*You may add an attachment:

1. Please describe how the COVID-19 vaccination requirement conflicts with your sincerely held religious observance, practice, or belief (hereinafter "religious beliefs").
2. Please describe the nature of your sincerely held religious beliefs or religious practice or observance that conflict with the COVID-19 vaccination requirement.
3. Would complying with the COVID-19 vaccination requirement substantially burden your religious exercise or conflict with your sincerely held religious beliefs, practices, or observances? If so, please explain how.
4. How long have you held the religious belief underlying your objection?
5. Does your religious objection apply to the use of all vaccines? Explain.
6. Have you received vaccines as an adult, such as the flu vaccine or a tetanus vaccine? If yes, explain how or why your religious objection did not apply.

Requester Signature: _____ Date: _____

Scan a .pdf or WORD document to religiousexemptionrequest@midlandhealth.org