

Prisma Health – Student & Instructor COVID Vaccine Medical Exemption Request

Prisma Health is committed to providing a safe and healthy environment for all of our team members, students, instructors, patients and visitors. Our vaccination program is provided to enhance our current infection control plans in order to prevent or minimize the spread of vaccine-preventable diseases within the organization. Students and instructors may request an exemption from the mandatory vaccine with documented medical contraindications to receiving the vaccination. All requests for exemption will remain confidential. Any individual with an approved exemption will adhere to the appropriate infection control measures as communicated by Employee Health and Infection Prevention.

Name: _____ Date: _____

Email address: _____ Cell phone number: _____

University program: _____ University: _____

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(s) precludes any/all vaccinations for COVID-19. Guidance for current medical exemptions for COVID-19 vaccination is available:

<https://www.cdc.gov/vaccines/covid-19/downloads/summary-interim-clinical-considerations.pdf>

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

- Local injection site reactions after previous COVID-19 vaccines
- Expected systemic vaccine side effects from previous COVID-19 vaccines (fever, fatigue, lymphadenopathy, myalgia, arthralgia, vomiting, diarrhea)
- 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 other vaccines
- Pregnancy or breastfeeding
- Immunosuppressed person in the patient's household
- Alpha-gal syndrome

Please select the medically indicated contraindication and provide a detail explanation below or attached.

Severe allergic reaction (anaphylaxis) after a previous dose of or to a component of the COVID-19 vaccine. Please describe response to the vaccine 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.

Other medical circumstance preventing vaccination with available COVID-19 vaccines.

Physician Printed Name: _____ Phone: _____

Physician Signature: _____ Date: _____

Please return completed form to Prisma Health Student Affairs by e-mail (student.affairs@prismahealth.org).

To be completed by Employee Health: Request received: _____ Request reviewed: _____ Notified on: _____

Exemption **Approved** Exemption **Denied** Reviewer Signature: _____ Date: _____