

COVID Vaccination Medical Exemption Request Form

Examples of bases for medical exemption requests that will likely be denied:

- a. Egg allergy – eggs are not used in the manufacturing of COVID-19 vaccines.
- b. Vegan diet – animal products are not used in the manufacturing of COVID-19 vaccines.
- c. Immunocompromised – COVID-19 vaccines are not made from live viruses. Vaccination in immunocompromised persons is strongly encouraged.
- d. Mild or nonspecific, non-allergic symptoms following previous COVID-19 vaccination (e.g. fever, arm soreness, diarrhea).
- e. Panic attack, anxiety, or vasovagal reaction to a previous dose of a COVID-19 vaccine.
- f. Recent vaccine administration- vaccines can be received concurrently based on CDC recommendations.
- g. Food and/or environmental allergies.
- h. History of Guillain-Barre syndrome: this has been associated only with Johnson & Johnson vaccine – Pfizer and Moderna vaccines are available.

Examples of bases for medical exemption requests that will likely be deferred, which allow for temporary delays in receiving vaccines:

- a. Myocarditis or pericarditis after a first dose of Pfizer or Moderna vaccine
- b. Current COVID-19 infection – vaccination should be deferred until the person has recovered from acute illness and no longer requires isolation
- c. Received monoclonal antibodies or convalescent serum as treatment for COVID-19 infection – vaccination should be deferred until 90 days after receiving
- d. History of multisystem inflammatory syndrome MIS-C (children) or MIS-A (adults) – vaccination should be deferred until after recovery and 90 days from date of diagnosis

WHERE DO I SEND MY EXEMPTION REQUEST?

Upload form once completed and signed by you and healthcare provider to our secure document facility on <https://www.paycomonline.net>

MY MEDICAL EXEMPTION WAS DENIED. HOW CAN I APPEAL?

A team member who is denied a request for a medical exemption can appeal in writing within five (5) business days of written denial notification. The appeal can be e-mailed to covid@irtalent.com.

IF MY EXEMPTION REQUEST IS APPROVED, WHAT WILL I NEED TO DO?

If you are granted an exemption to the COVID-19 vaccine based on a medical condition, you may be required to take additional steps to protect you and others from contracting and spreading COVID-19, including weekly testing and wearing Personal Protective Equipment.

WHO DO I CONTACT FOR MORE INFORMATION?

Email all questions regarding medical exemptions to: COVID@irtalent.com.

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SECTION 1: To be completed by team member:

Name:
Date of Birth:
Phone #:
Email address where we may communicate approval/denial:

If the Medical Exemption team requires more information from my provider, I understand that my exemption may be returned to me and the additional information will be needed by 12/31/2021 to process my exemption.

Team Member/Exemption Requestor Signature: _____

Date: _____

SECTION 2: To be completed by health care provider

Step 1: Select the reason(s) for medical exemption

- Severe and/or life-threatening allergy (e.g. anaphylaxis) to a previous dose or to a component of a COVID-19 vaccine
- Immediate allergic reaction of any severity (occurring within 4 hours of administration) to a previous dose or to a component of a COVID-19 vaccine (e.g., urticaria)
- Other: please provide detailed information describing the nature of the medical exemption request

For pregnancy or IVF deferral requests, please provide documentation of pregnancy (including due date) or IVF schedule only. It is not necessary to sign this exemption form.

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Step 2: Complete the following:

Provider's Name (print):
Provider's license #:
Street Address:
Phone #: _____ Fax #: _____
Email:

By my signature below, I attest the information provided on this form is true and accurate.

Provider Signature: _____ Date: _____