



# claymakers

## COVID-19 Vaccine Medical Exemption Request

Student/Renter Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical contraindications and precautions for immunizations are based on the most recent General Recommendations of the Advisory Committee on Immunization Practices (ACIP)/CDC, available at:

- [https://www.cdc.gov/vaccines/hcp/acip-recs/ general-recs/contraindications.html](https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html) or
- <https://www.cdc.gov/vaccines/covid-19/index.html> or
- <https://redbook.solutions.aap.org/redbook.aspx>

Please check these sites to ensure that you are reviewing the most recent CDC/ACIP information. Please also note that the presence of a moderate to severe acute illness with or without fever is a precaution to administration of all vaccines. However, as acute illnesses are short-lived, medical exemptions should not be submitted for this indication.



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## ACIP Contraindications and Precautions for COVID-19 Vaccine

### Contraindication

- Severe allergic reaction (eg, anaphylaxis) after a previous dose or to a vaccine component
- Other

*Please explain fully and attach additional sheets as necessary*

### Attestation

I am a physician (M.D. or D.O) licensed to practice medicine in the state of North Carolina.

By signing below, I affirm that:

- I have treated or examined the student listed on this form as my patient.
- I have reviewed the current CDC/ACIP Contraindications and Precautions and affirm that my stated contraindication/precaution is enumerated by the CDC/ACIP and consistent with established national standards for vaccination practices.

I understand that I might be required to submit supporting medical documentation.

Healthcare Provider Name (please print): \_\_\_\_\_

Specialty: \_\_\_\_\_ NPI Number: \_\_\_\_\_

License Number: \_\_\_\_\_ State of Licensure: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Exemption Granted       Exemption Rejected

\_\_\_\_\_  
Claymakers Executive Director

\_\_\_\_\_  
Date