

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

## Employee Section: Complete the following information

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Employee ID No.: \_\_\_\_\_ Position/Job Title: \_\_\_\_\_

Site: \_\_\_\_\_

After you and your provider complete this form, scan it and submit it to EHS at [COVIDvaccine@beaumont.org](mailto:COVIDvaccine@beaumont.org)

It will then be reviewed by our exemption review committee who will either approve, deny or request more information. You will be notified in writing of the outcome of this request. **If granted a medical exemption, you will be required to wear a mask in all Beaumont facilities at all times and may be required to undergo periodic COVID-19 testing, in addition to other safety procedures. If required, testing must be done outside of your scheduled shift. Time may be unpaid or compensated using PTO with manager approval.**

## Clinician Section: **A licensed physician, PA, CNM or NP must complete and sign this section.**

Forms completed by the employee will not be accepted.

**Clinician 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>. If a pregnancy exemption is requested, this signed form from the provider is not necessarily an endorsement of exemption. The provider just needs to confirm pregnancy and provide EDC below.

### 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)
- Previous COVID-19 infection
- 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. Please note the COVID vaccines do not contain egg or gelatin.
- Immunosuppressed person in the healthcare worker's household
- Family member or household member who falls into a medically exempt category

### Please select medically indicated contraindication below:

- Severe or immediate 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)
- Other medical circumstance preventing vaccination with any available COVID-19 vaccine (Be specific and describe in detail below). Please note that this will be reviewed by the medical exemption committee. Submission of a signed form does not guarantee an exemption will be granted.
- Medically Indicated Deferrals
- Pregnancy (Note: The [American College of Obstetricians and Gynecologists](#), the [Society for Maternal-Fetal Medicine](#) and the [American Society for Reproductive Medicine](#) all strongly support COVID-19 vaccine during pregnancy. Pregnancy is not a medical contraindication. However, a time-limited deferment to the COVID-19 vaccine policy will be granted during pregnancy.)

Signature of Clinician: \_\_\_\_\_ Date: \_\_\_\_\_

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

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