Request for Medical Exemption from Mandatory COVID-19 Immunization

Employee Information

Name of Employee (first, last)**:**		
Email Address:		
Phone:		
Address:		
City:	**State:**	**Zip Code:**

Healthcare provider to complete this section

Medical contraindications and precautions for immunizations are based on the most recent General Recommendations of the Advisory Committee on Immunization Practices (ACIP), available at https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html or https://redbook.solutions.aap.org/redbook.aspx.

Please check the website to ensure that you are reviewing the most recent ACIP information. Please 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.

Vaccine	**Exemption Length**	**ACIP Contraindications and Precautions** (check all that apply)
❑ **COVID-19** *Two mRNA vaccines (Pfizer-BioNTech, Moderna) or one viral vector vaccine (Janssen [Johnson & Johnson])*	❑ Temporary through (date): _____ ❑ Permanent	**Contraindications:** ❑ Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to vaccine component ❑ Pregnancy ❑ Known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy or patients with human immunodeficiency virus [HIV] infection who are severely immunocompromised) ❑ Family history of congenital or hereditary immunodeficiency in first degree relatives (e.g., parents and siblings), unless the immune competence of the potential vaccine recipient has been substantiated clinically or verified by a laboratory test

		Precautions: ❑ Recent (≤ 11 months) receipt of antibody-containing blood product (specific interval depends on product) ❑ History of thrombocytopenia or thrombocytopenic purpura ❑ Need for tuberculin skin testing or interferon gamma release assay (IGRA) testing

Attestation by healthcare provider

I am a physician (M.D. or D.O.) or physician assistant (PA) licensed to practice medicine in a jurisdiction of the United States or an advanced practice nurse licensed in a jurisdiction of the United States.

By signing below, I affirm that I have reviewed the current ACIP Contraindications and Precautions and affirm that the stated contraindication(s)/precaution(s) is enumerated by the ACIP and consistent with established national standards for vaccination practices. I understand that I might be required to submit supporting medical documentation. I also understand that any misrepresentation might result in referral to the New Jersey State Board of Medical Examiners and/or appropriate licensing/regulatory agency.

Healthcare Provider Name (please print):		
Specialty:		
NPI #:	**License #:**	**State of Licensure:**
Phone:		**Fax:**
Email Address:		
Address:		
City:	**State:**	**Zip Code:**
Signature:		**Date:**

Employee Acknowledgement *(to be completed by employee)*

Initial next to each of the statements below:

	I request exemption from immunization requirements due to my medical condition(s). I understand the risks of non-immunization. I accept full responsibility for my health, thus removing liability from Centenary University to the required immunization.
	Should I contract COVID-19, I will immediately report it to my supervisor and Human Resources at Centenary University and comply with the isolation and quarantine procedures specified by the University and remove myself from the University community if so advised.
	I understand and agree to comply with and abide by all University policies and procedures.
	I have reviewed the *COVID-19 Vaccine & Immunization Record Requirement* policy found here.
	I certify that the information I have provided in connection with this request is accurate and complete.

Employee Signature

Printed Name of Employee (first, last)**:**	
Signature:	**Date:**

Instructions for Employee Submission

Please note, submitting this request does not guarantee approval. Please allow 7-10 business days for your request to be processed. Upon review, you will be notified by email if the exemption has been granted. At any time, the University reserves the right to request additional supporting documentation.

Once the form has been completed by the employee and the healthcare provider, the employee should email the completed document to **Christine Rosado, Human Resources Director at Christine.Rosado@CentenaryUniversity.edu.**