Declination of Coronavirus (COVID-19) Vaccination for Medical Contraindication

Introduction

Coronavirus (COVID-19) vaccination is a condition of employment for all workers. Depending on the type of vaccination offered, specific medical contraindications may exist for certain individuals. The Company will only accept evidence-based medical contraindication against coronavirus (COVID-19) vaccination confirmed by a licensed health care provider as a medical exception to the mandatory coronavirus (COVID-19) policy. It is necessary to re-assess medical contraindication each year. The Company will endeavor to place an updated declination form in the employee's file annually.

**The employee's primary healthcare provider must complete this medical declination form and return it to** [Name].

My employer (the Company) has recommended that I receive coronavirus (COVID-19) vaccination to protect myself, my co-workers, the Company's customers, and the community.

I understand that because of where I work, I may place coworkers and customers at risk if I work while infected with the coronavirus (COVID-19) virus.

I understand that since I have an evidence-based medical contraindication to coronavirus (COVID-19) vaccination that I must wear a mask at all times.

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| Employee Signature |  |
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| Employee Name (print) |  |
|  |  |
| Date |  |

THE EMPLOYEE'S HEALTH CARE PROVIDER MUST COMPLETE THIS SECTION

I have evaluated [Employee name] and can verify that this employee has a medical contraindication to coronavirus (COVID-19) vaccination.

This employee has one or more of the following contraindications:

* Documented severe (life-threatening) allergy to components of the coronavirus (COVID-19) vaccine
* Severe allergic reaction to previous coronavirus (COVID-19) vaccine
* Other: (please explain – only evidence-based medical contraindications): [explanation]

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| Healthcare Provider Signature |  |
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| Healthcare Provider Name (print) |  |
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