COVID 19 Vaccination Medical Exemption Form (Including Pregnancy Deferral)

Adfinitas Health staff member: After the form below has been filled out by your treating medical provider, please complete this Medical Exemption Form and return it to covidvaccine@adfinitashealth.com. The company will review and consider for exemption/deferral all submissions.

Employee Name		Title	
Email Address		Phone Number	
Primary Site		Status (FT/PT/PRN)	

Dear Provider,

Adfinitas Health requires staff to be vaccinated with one of the COVID-19 vaccines, which have been shown to be safe and effective. Healthcare worker vaccination is critical to our fight against COVID-19. COVID-19 is highly contagious and an infected healthcare worker could unknowingly spread COVID-19 to vulnerable patients and other workers before realizing they are sick.

The above-named person is requesting an exemption from the Adfinitas Health Mandatory COVID-19 Vaccination Policy for medical reasons. If there is a medical contraindication or other appropriate medical reason why your patient cannot receive the COVID-19 vaccine, please complete the form below.

The above person should not be immunized against COVID-19 for the following reasons (Check all that apply):

__ Pregnant, actively trying to become pregnant or breastfeeding.

__ History of previous allergic reaction suggestive of an immediate hypersensitivity reaction to the COVID-19 vaccine
or a component of the vaccine that would preclude the individuals from receiving the vaccine. *If an individual has an allergy to one mRNA vaccine, then they should not receive the other mRNA vaccine unless the allergy is known to be specific to that one vaccine only*.

Please select the specific vaccine(s) that the employee cannot receive (check all that apply):
__ **Pfizer** __ **Moderna** __ **Johnson & Johnson**

__ Other. Please provide this information in a separate narrative that describes, in detail, the medical reason why this individual cannot receive the COVID-19 vaccine. Please specify which COVID-19 vaccines should not be received and why. **Note that additional details, along with the specific vaccines to which this applies, are required in order to approve this exemption.** These requests are reviewed on a case-by-case basis.

Provider Signature: _____ Date: _____

Provider Medical License Number: _____

7250 Parkway Drive Suite 500 Hanover, Maryland 21076
443 949 0814 MAIN / 443 949 0825 FAX / adfinitashealth.com