

COVID-19 VACCINATION MEDICAL EXEMPTION FORM

UW workers and Health Sciences Immunization Program (HSIP) students: This form must be completed by a licensed health care provider (MD, DO, ND, ARNP, PA). The reviewing health care provider is required to be licensed in the state of Washington.

Health care provider: Please complete the form and return it to your patient who will then submit to the appropriate University of Washington (UW) contact as indicated below.

1. PATIENT SECTION

Patient Name (UW Student/Worker/Final candidate): _____

DOB: _____

- UW student UW worker: staff UW worker: faculty, librarian, and other academic personnel
 UW final candidate Both a UW student and UW worker

Worker/Student ID# (student employees provide both student and employee ID#): _____

For new hires: Req # (final staff candidate): _____

Position title and hiring unit (final faculty, librarian or other academic personnel candidate):

UW NetID: _____ Phone Number: _____

Email (final candidate without UW NetID): _____

2. PROVIDER REVIEW

The goal of the University of Washington is to vaccinate 100% of our employees and students against COVID-19. Vaccinations may not be appropriate for a small number of individuals (e.g., individuals with a history of severe reaction to a previous vaccine component). Guidance for medical exemptions for COVID-19 vaccination can be viewed here: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>. Please note, the following are **NOT** considered contraindications to COVID-19 vaccination:

1. Local injection site reactions after previous COVID-19 vaccines (erythema, induration, pruritus, pain)
2. Expected systemic vaccine side effects in previous COVID-19 vaccines (fever, chills, fatigue, headache, lymphadenopathy, vomiting, diarrhea, myalgia, arthralgia)
3. Vasovagal reaction after receiving a dose of any vaccination
4. Being an immunocompromised individual or receiving immunosuppressive medications
5. Autoimmune conditions, including Guillain-Barre Syndrome
6. Allergic reactions to anything not contained in the COVID-19 vaccines, including injectable therapies, food, pets, venom, environmental allergens, oral medication, latex, etc.
7. Pregnancy or breastfeeding
8. Immunosuppressed person in the employee's household
9. Alpha-gal Syndrome
10. Allergy to egg or gelatin
11. Having a positive antibody titer
12. History of blood clots is not considered a contraindication to receiving one of the mRNA vaccines (Pfizer or

Moderna)

Select the medical contraindication(s) to COVID-19 vaccination below:

- Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of a COVID-19 vaccine. Please describe response in detail below and contraindication to alternatives in order for this request to be considered by the University (required).

This condition or circumstance is temporary permanent.
If temporary, provide the anticipated time range: _____

- Immediate allergic reaction to a previous dose or known (diagnosed) allergy to a component of the vaccine. Please describe response in detail below and contraindication to alternative vaccines (required).

This condition or circumstance is temporary permanent.
If temporary, provide the anticipated time range: _____

- Other medical circumstance preventing vaccination with any available COVID-19 vaccine. Please describe response in detail below and contraindication to alternative vaccines (required).

This condition or circumstance is temporary permanent.
If temporary, provide the anticipated time range: _____

- COVID-19 vaccination clinical trial participant. A *licensed healthcare provider (MD, DO, ND, ARNP, PA)* of the clinical trial team must sign this form as verification of enrollment.

3. PROVIDER INFORMATION AND SIGNATURE

Printed name: _____ Date: _____

Provider signature: _____

Select: MD DO ND ARNP PA

License # _____ NPI # _____ State: _____

Medical facility name: _____

Address: _____ Phone number: _____

4. CANDIDATE/STUDENT SUBMISSION INSTRUCTIONS

Final candidates

- **Final candidates for campus staff positions:** Complete the medical exemption form in the Vaccination Exemption Request tool through the link provided to you by your recruiter.
- **Final candidates to faculty, librarian, and other academic personnel positions and campus academic student employee and student hourly employee positions:** Complete the medical exemption form in the Vaccination Exemption Request tool through the link provided to you by your Hiring Manager.
- University medical center medical facility workers follow UW Medicine procedures.

Students: Submit the completed form to the appropriate UW immunization program(s) below.

- **All students, except HSIP students, must submit this completed form to Hall Health Center at uw.edu/studentmedicalexemption.**
 - Contact Hall Health Center with questions at covidvaxrequirement@uw.edu or 206.616.4743.
- **Students who participate in the UW Health Sciences Immunization Program (HSIP) must submit this form to myshots@uw.edu.**
 - If HSIP students have already submitted an exemption request form to Hall Health Center, please also submit it to myshots@uw.edu.

5. UW OFFICIAL USE ONLY

Approved Denied More information requested:

Reviewing office:

- EH&S Employee Health Center
- Hall Health Center
- EH&S Health Sciences Immunization Program

Date: _____