



I am submitting an exemption request at this time because I am:

- A New Hire
- Returning to Work after Leave
- Other:

Medical Exemption from COVID-19 Vaccination

I am requesting an exemption on the basis of a medical contraindication that prohibits vaccination for COVID-19. I agree I may be required to take additional steps to protect myself and others from contracting and spreading COVID-19. **If I am a contractor/vendor, volunteer, student, or independent provider/medical staff member and provide services for UnityPoint Health locations in Illinois, I attest that I have reviewed informational material available at <https://www.unitypoint.org/il-covid-exemption.aspx>**

I am a(n):

- UPH Team Member
- Independent Provider/Medical Staff Member
- Volunteer or Student
- Contractor / Vendor

Company or School Name: _____

Name (please print): _____

Date of Birth: _____ UPH Region: _____

Employee ID (if employed by UPH): _____ UPH Affiliate: _____

Signature : _____

Date: _____

Healthcare Provider's Statement of Exemption

The above named individual is a patient of mine and should be considered exempt from receiving the COVID-19 vaccine due to a medical contraindication as identified by the Centers for Disease Control and Prevention (CDC) found at <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html> **Please attach supporting documentation.**

Exemption from COVID-19 vaccination due to a severe or immediate allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine or known (diagnosed) allergy to a component of the COVID-19 vaccine.

- Brand of COVID-19 vaccine or component causing immediate or severe allergic reaction: _____

As a precaution, the above named individual should not receive a subsequent dose of the COVID-19 vaccination due to development of myocarditis or pericarditis after a dose of an mRNA COVID-19 vaccine.

Temporary exemption from COVID-19 vaccination due to current episode of myocarditis or pericarditis.

- Approximate timeframe of resolution: _____

I certify that _____ has the above contraindication and requests a medical exemption from the COVID-19 vaccination, and in doing so, I have made this certification within my scope of practice.

Provider Name (please print): _____

Provider Signature: _____

Date: _____

Medical Exemption from COVID-19 Vaccination Instructions

For Independent Provider/Medical Staff Members, Volunteers, Student, Contractors, Vendors; Please provide this completed form to the appropriate UPH staff member prior to beginning any onsite duties.

For UPH New Hires /Returning to Work after Leave: Please send this completed form to (Please allow up to 2 weeks for view):

Hospitals: Affiliate Employee Health

UnityPoint Clinics & UnityPoint at Home: UPC_HRForms@unitypoint.org

UnityPoint System Services: UPH_HumanResources@unitypoint.org

Include UPC or UPaH Medical Exemption in subject line.

Note: The following are not considered medical contraindications to COVID-19 vaccination: allergic reactions to oral medications (including the oral equivalent of an injectable medication); history of food (including eggs and gelatin), pet, insect, venom, environmental, latex, etc., allergies; family history of allergies; delayed-onset local reaction after receiving a first dose of the mRNA COVID-19 vaccine; pregnancy, breastfeeding or infertility treatments. Individuals with a contraindication to one type of vaccine (e.g., mRNA) may be considered for vaccination with the other (e.g., Janssen). **Reference:** Centers for Disease Control and Prevention. Interim Clinical Consideration for Use of COVID-19 Vaccines Currently Authorized in the United States. February 11, 2022. Available at: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>