This form must be filled out completely and it may not be edited or modified.

MEREDITH COLLEGE

Request for Medical Exemption from COVID-19 Vaccine Requirement

Student/Employee Section: Complete the following information.

Name (last, first)_____ **Meredith ID Number**_____

Email Address:_____ **Best Phone Number** _____

After you and your provider complete this form, please submit it thecvdsubmit.meredith.edu portal.

The review team reserves the right to contact the medical provider signing this form for additional information.

Provider Section: **A licensed physician, PA, or NP must complete and sign this section.** Forms completed by the student/employee or family member will not be accepted.

Physician/Provider Instructions: By completing this form, you certify that different methods of vaccinating against COVID-19 have been considered, and that the following medical contraindication precludes any/all vaccinations for COVID-19.
Guidance for medical exemptions for COVID-19 vaccination can be obtained from the Advisory Committee on Immunization Practices (ACIP) available at https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html.

The following are NOT considered contraindications to COVID-19 vaccination:

- Prior COVID infection
- Local injection site reactions after (days to weeks) previous COVID-19 vaccines (erythema, induration, pruritus, pain, etc.)
- Expected systemic vaccine side effects in previous COVID- 19 vaccines (fever, chills, fatigue, headache, lymphadenopathy, vomiting, diarrhea, myalgia, arthralgia)
- Vasovagal reaction after receiving a dose of any vaccination
- Being an immunocompromised individual or receiving immunosuppressive medications
- Autoimmune conditions, including Guillain-Barre Syndrome
- Allergic reactions to anything not contained in the COVID-19 vaccines, including injectable therapies, food, pets, venom, environmental allergens, oral medication, latex, etc
- Breastfeeding
- Immunosuppressed person in the employee's household
- Alpha-gal Syndrome
- The COVID vaccines do not contain egg or gelatin; allergies to these substances are not contraindication

Please select medically indicated contraindication below:

☐ Severe allergic reaction (anaphylaxis) after a previous dose of or to a component of the COVID-19 Vaccine, including Polyethylene Glycol (PEG) (Please describe response in detail below and contraindication to alternatives, such as the Johnson & Johnson vaccine, which does not contain PEG)

☐ 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.)

☐ Other medical circumstance preventing vaccination with any available COVID-19 vaccine (Be specific & describe in detail below)

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Signature of Healthcare Provider:_____ **Date**: _____

Printed name:_____ **Practice name**: _____

Practice telephone number:_____ **Practice email:**_____

Additional documentation beyond what is required on the form will not be considered as part of the review. The review team may contact the provider listed above if they require additional documentation in order to complete the review process.