# ST LUKE'S COVID-19 VACCINATION – MEDICAL EXEMPTION REQUEST

Fax completed and signed form within 14 days to: 218 249-6828

Name: ______________________________ Phone: ______________________

Department/Clinic: ______________________ Date of Birth: ________________

**I am seeking a medical exemption related to a COVID-19 vaccination because:**

**_____COVID-19 Pregnancy/Lactation Exemption:**

_____ Pregnancy (Expected due date: ________________________)

_____ Breastfeeding (Delivered on: ________________________) Patient is to notify Occupational Health when lactation has ceased.

I have discussed the risks and benefits of COVID vaccination and patient declines vaccination at this time.

Provider Signature ______________________________ Date______________________

**_____ Other Medical Exemption:**

_____ Severe allergic reaction to previous COVID-19 vaccine or any of its components

_____ Allergic reaction within 4 hours of previous COVID-19 vaccine or any of its components

_____ Severe allergic reaction to polyethylene glycol

_____ Allergic reaction within 4 hours to polysorbate

_____ Previous COVID-19 infection (Onset of Infection Date ______________)

_____ Previous COVID-19 infection treated with monoclonal antibody (Treatment Date ______________)

_____ Other ____________________________________________________________

**Employee Signature** ______________________________ **Date** ______________________

**MEDICAL ATTESTATION (to be completed by employee's healthcare provider)**

I attest that the above named employee has the medical condition described above, it is supported by the documented medical history, and I believe it to be true.

____________________________________________________ ____________________

Signature (MD, DO, NP, PA) Date

____________________________________________________

Printed Name

**OCCUPATIONAL HEALTH REVIEW**

Received by: _____ Date: __________ Time: __________

**Approved _____** **Not Approved _____**

**End of Exemption** ____________________

____________________________________________________ ______________

Signature Date