Certificate of Medical Exemption for COVID-19 Immunization Requirement

Legal First Name | Legal Last Name | Date of Birth | G# (if applicable)

The above named individual should be exempt from the COVID-19 vaccine as administration of the immunizing agents may be detrimental to this individual's health.

☐ **Medical Diagnosis:**

☐ **Pregnancy EDC (if applicable):**

Additional Information:

Medical Provider Printed Name and Title

Medical Provider Phone Number

Medical Provider Signature

Date

Updated 06/2021