

UAMS Form for Medical Exemption from Covid-19 Vaccination

Employee Name _____ Employee Date of Birth _____
(Print) (Print)

Dear Physician:

The University of Arkansas for Medical Sciences mandates COVID-19 vaccinations for all of its employees, similar to other required vaccinations such as MMR and Influenza. Your patient has requested a medical exemption from this vaccination requirement. A medical exemption from any mandated vaccination is allowed for recognized contraindications only and any medical exemption request will be reviewed individually with medical information.

Please complete the form below to request a medical exemption for your patient. Should you have any questions, please call UAMS Student Employee Health Services at 501-686-6565. We may contact your office to confirm and discuss reasons for exemption.

UAMS Student and Employee Health provides mRNA COVID vaccines; however, we can/will arrange to use an alternate ACIP-approved vaccine if medical conditions warrant this.

My patient should not be vaccinated against COVID-19 for the following MEDICAL reason:

History of previous severe allergic reaction to COVID-19 vaccine or component of the vaccine
Defined as developing hives, swelling of the lips or tongue, difficulty breathing

- *Does not include sore arm, local reaction, subsequent upper respiratory tract infection, or gastro-intestinal symptoms.*

Other, please describe below:

(THE FOLLOWING ARE NOT CONTRAINDICATIONS TO COVID VACCINATION: ALLERGY TO EGGS or LATEX, IMMUNOSUPPRESSION , CHRONIC MEDICAL CONDITIONS OR PREGNANCY)

I certify that my patient has the above contraindication, and request medical exemption from the Covid vaccination.

Physician Signature _____ Date _____
(Signature stamps not acceptable)

Physician Printed Name _____ Physician License Number: _____ State: _____
Physician phone# _____

CDC Clinical Considerations regarding COVID-19 Vaccination:

<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#Contraindications>
<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#Appendix-C>

Fax Completed Form to: UAMS Employee Health Services 501-296-1230 OR E-MAIL Studentandemployeehealth@uams.edu