



**VACCINE MEDICAL EXEMPTION FORM  
REQUEST FOR MEDICAL EXEMPTION FROM COVID-19 VACCINATION**

Please print the following information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Leader: \_\_\_\_\_  
Department: \_\_\_\_\_ Physician Phone No.: \_\_\_\_\_  
Physician Name: \_\_\_\_\_

Dear Physician:

Bellin Health has a responsibility to protect employees, employees’ family members, patients, students, others affiliated with Bellin Health, and the broader community from Covid-19 infection. Towards this end, Bellin Health strongly recommends the Covid-19 vaccination for all team members along with other vaccinations such as influenza, MMR, and varicella.

Please complete the form below. Should you have any questions, please contact Bellin Employee Health Services at (920) 433-3587 (internal Bellin extension 203587).

**Medical Waiver** – I, \_\_\_\_\_ (Print Physician Name), certify that the above employee is under my medical care and should be exempt from receiving the Covid-19 vaccination due to the medical reason(s) noted below (please check one, this is a **REQUIREMENT**):

- History of previous allergic reaction and/or documented allergy testing to indicate an immediate hypersensitivity reaction to the Covid-19 vaccine or a component of the vaccine (i.e. polyethylene glycol)
- History of an anaphylactic reaction to a previous dose of the Covid-19 vaccine
- Temporary medical condition in which deferral of Covid-19 vaccination would be acceptable: myocarditis or pericarditis; confirmed PCR or antigen positive Covid-19 infection within the past 10 days; infusion of monoclonal antibodies or convalescent serum in the last 90 days; or a recent history of multisystem inflammatory syndrome of children or adults

**It is the employee’s responsibility to submit supporting medical record documentation along with this exemption form.**

I certify that \_\_\_\_\_ has the above contraindication and request a medical exemption from Covid-19 vaccination.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax, e-mail, or mail this to:  
Bellin Health Employee Health Services  
[Employeehealthservices@bellin.org](mailto:Employeehealthservices@bellin.org) or Fax: (920) 433-7997

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*Designation Office Use Only:*  
Medical Exemption Approved: \_\_\_\_/\_\_\_\_/\_\_\_\_ Approving Staff Signature: \_\_\_\_\_