

COVID-19 Vaccination Medical Exemption Form

UMMS non-employed provider: After the form below has been filled out by your treating medical provider, please visit umms.org/NEVaxExemption to complete an online declination and to upload this completed Medical Exemption Form or other documentation from your medical provider.

Employee Name		Email Address	
UMMS Member Org.		Phone Number	

Dear Provider,

The University of Maryland Medical System (UMMS) and its member organizations require staff to be vaccinated with one of the COVID-19 vaccines, which have been shown to be safe and effective. Healthcare worker vaccination is critical to our fight against COVID-19. COVID-19 is highly contagious and an infected healthcare worker could unknowingly spread COVID-19 to vulnerable patients and other workers before realizing they are sick.

The above-named person is requesting an exemption from the UMMS Mandatory COVID-19 Vaccination Policy for medical reasons. If there is a medical contraindication or other appropriate medical reason why your patient cannot receive the COVID-19 vaccine, please complete the form below. Please note that signature, medical specialty and license number are required for approval.

The above person should not be immunized against COVID-19 for the following reasons (Check all that apply):

History of previous allergic reaction suggestive of an immediate hypersensitivity reaction to the COVID-19 vaccine or a component of the vaccine that would preclude the individual from receiving the vaccine. *If an individual has an allergy to one mRNA vaccine, then they should not receive the other mRNA vaccine unless the allergy is known to be specific to that one vaccine only.*

Please select the specific vaccine(s) that the employee cannot receive (check all that apply):

Pfizer Moderna Johnson & Johnson

Other. Please provide this information in a separate narrative that describes, in detail, the medical reason why this individual cannot receive the COVID-19 vaccine. Please specify which COVID-19 vaccines should not be received and why. **Note that your signature, license number and specialty, additional details, along with the specific vaccines to which this applies, are required in order to approve this exemption.** These requests are reviewed on a case-by-case basis.

Provider Signature: _____

Medical Specialty: _____

Provider Medical License Number: _____

Date: _____