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Title: REQUEST FOR MEDICAL EXEMPTION FROM COVID-19 VACCINATION

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REQUEST FOR MEDICAL EXEMPTION FROM COVID-19 VACCINATION

If you have a specific medical condition that precludes the COVID-19 vaccination requirement and you seek a medical exemption from Los Alamos National Laboratory's COVID-19 vaccination requirement, please consult with your physician and provide the following information. Once fully complete email the completed form and any supporting documentation to spasqualoni@lanl.gov.

Please print the following information:

Name: _____ **Z number:** _____

Physician Name: _____ **Physician Phone No.:** _____

Physician Address: _____

Dear Physician:

Los Alamos National Laboratory requires COVID-19 vaccinations for all employees. A medical exemption from COVID-19 vaccination is allowed for certain recognized contraindications (https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html).

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

☐ Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine

☐ Immediate allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine (Vaccine Ingredients: https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#Appendix-C)

Which ingredient caused an allergic reaction? _____

What was the reaction? _____

Which brand of the COVID-19 vaccine is contraindicated and why? _____

_____

How long will the medical contraindication last? _____

☐ Other Medical Reason – Please provide this information in a separate narrative that describes the other medical reason justifying an exemption in detail.

- ✓ Diagnosis and date condition began: _____
- ✓ Reason exemption is requested for this diagnosis (provide literature citations where available):

- ✓ Anticipated duration of contraindication: _____

Physician Signature: _____ **Date:** _____

☐ Exemption request approved

☐ Extension approved—follow up on date: _____

☐ Extension approved—start vaccine series by date: _____

☐ Exemption request not approved

Please note there is no appeals process available for the determination made by the LANL Medical Director.

Medical Director Signature: _____ Date: _____