VISUAL ARTS CENTER
OF RICHMOND

COVID-19 Vaccine Medical Exemption Form

Employee name:	Date of birth:
Address:	City, state, zip:
Phone:	Email:

Medical contraindications and precautions for immunizations are based on the most recent General Recommendations of the Advisory Committee on Immunization Practices (ACIP)/CDC, available at

https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html or

https://www.cdc.gov/vaccines/covid-19/index.html.

Please check the website to ensure that you are reviewing the most recent CDC/ACIP information. Please note that the presence of a moderate to severe acute illness with or without fever is a precaution to administration of all vaccines. However, as acute illnesses are short-lived, medical exemptions should not be submitted for this indication.

ACIP Contraindications and Precautions to Vaccination for Mandatory Vaccines		
Vaccine	Exemption Length	ACIP Contraindications and Precautions
COVID-19 vaccine	☐ Temporary through: _____ ☐ Permanent	☐ Sever allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component ☐ Other (explain below)

Other contraindications:

Attestation		
I am a physician (M.D. or D.O) licensed to practice medicine in a jurisdiction of the United States or an advanced practice nurse licensed in a jurisdiction of the United States. By signing below, I affirm that I have reviewed the current CDC/ACIP Contraindications and Precautions and affirm that the stated contraindication(s)/precaution(s) is enumerated by the CDC/ACIP and consistent with established national standards for vaccination practices. I understand that I might be required to submit supporting medical documentation.		
Healthcare Provider Name:	Specialty:	NPI #:
License #:	State of Licensure:	Phone:
Email:	Address:	City, state:
Zip:	Signature:	Date: