

JHHS & JHU VACCINE MEDICAL EXCEPTION FORM REQUEST FOR MEDICAL EXCEPTION FROM COVID VACCINATION

PLEASE PRINT THE FOLLOWING INFORMATION (JOHNS HOPKINS AFFILIATE):

Name:	Date of Birth:/
E-mail:	Phone/Pager No.:
Department/School:	Supervisor/Manager:
Dear Health Care Provider (MD, NP, DO, PA):	
Johns Hopkins Health System and Johns Hopkins University require COVID vaccination, similar to other required vaccinations such as MMR and varicella. The above-named person is requesting an exception from this vaccination requirement. A medical exception from COVID vaccination is allowed for certain recognized contraindications (see Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States .)	
Please complete the form below. Should you have any questions, please contact the Johns Hopkins COVID Call Center at 443-287-8500. Thank you.	
The above-named person should not be immunized for COVID for the following reasons (please check all that apply):	
☐ History of previous allergic reaction and documentation to indicate an immediate hypersensitivity reaction to the COVID vaccine or a component of the vaccine. Please attach supporting DOCUMENTATION or MEDICAL RECORDS.	
☐ Treatment of COVID-19 symptoms with monoclonal antibodies or convalescent plasma within the last 90 days. Please attach supporting DOCUMENTATION or MEDICAL RECORDS.	
☐ Other – Please provide this information in a separate narrative that describes the exception in detail (these requests will be reviewed on a case-by-case basis).	
Health Care Provider:He	alth Care Provider Phone No.:
I certify thathas vaccination.	the above contraindication and request their medical exception from COVID
Health Care Provider Signature:	Date: red – no digital or stamps)
Health Care Provider Medical License No.:	

Johns Hopkins affiliate should upload this document into the Johns Hopkins Vaccine Management System (VMS).

Johns Hopkins may require affiliates to resubmit updated medical exception requests in the future.