



If applicable, you must select the medically-indicated contraindication for each vaccine (each column must be checked at least once for your patient to qualify for a medical exemption):

	Johnson & Johnson (Janssen)	Moderna ("Spikevax")	Pfizer-BioNTech ("Comirnaty")
1. Severe allergic reaction (anaphylaxis) after a previous dose of or to a component of the COVID-19 Vaccine, including polyethylene glycol (PEG)	<input type="checkbox"/> (Please note that the Janssen vaccine does not contain PEG)	<input type="checkbox"/>	<input type="checkbox"/>
2. Immediate allergic reaction to a previous dose or known diagnosed allergy to a component of the vaccine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
Signature of Health Care Provider

\_\_\_\_\_  
Health Care Provider's Printed Name

Type of Practice/Medical Specialty: \_\_\_\_\_ Date: \_\_\_\_\_

Provider's Business Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Provider E-mail: \_\_\_\_\_

**Section III: Medical Provider Vaccination Delay Statement.** This section must be completed by a licensed physician, physician's assistant, or nurse practitioner operating within their respective scope of practice. Self-certified Medical Provider Statements will not be accepted.

**Guidance for medical exemption delay considerations can be obtained from the ACIP, available at <https://www.cdc.gov/vaccines/covid-19/downloads/summary-interim-clinical-considerations.pdf>.**

**By completing this Section III, I certify that the COVID-19 vaccination of my patient, the individual stated above, should be temporarily delayed as recommended by the CDC due to a physical condition and/or medical circumstance. My patient may begin vaccination on the following date: \_\_\_\_\_.**

\_\_\_\_\_  
Signature of Health Care Provider

\_\_\_\_\_  
Health Care Provider's Printed Name

Type of Practice/Medical Specialty: \_\_\_\_\_ Date: \_\_\_\_\_

Provider's Business Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Provider E-mail: \_\_\_\_\_

Completed forms should be submitted to Diversity and Equal Opportunity Office at [CALL@uth.tmc.edu](mailto:CALL@uth.tmc.edu).