

COVID-19 VACCINATION MEDICAL EXEMPTION LICENSED HEALTH CARE PRACTITIONER CERTIFICATION FORM

IOWA

To Be Completed By:
Employee/Practitioner/Student/Trainee/Volunteer/Service Provider

Name: _____

Department: _____

INSTRUCTIONS: Scan or capture an image of this completed form and attach it to the electronic request form.

To Be Completed by Licensed Health Care Practitioner

Dear Licensed Practitioner,

Certain individuals associated with the University of Iowa are required to be vaccinated against COVID-19 infection pursuant to the Centers for Medicare and Medicaid's COVID-19 vaccination regulations. The University may grant a medical exemption when a licensed health care practitioner provides the requisite documentation. We provide this form for that purpose.

The individual identified above is requesting a medical exemption related to the requirement for COVID-19 vaccination. Please provide the information requested below so we can determine if the individual qualifies for a medical exemption.

PART A: Clinical Contraindication to the COVID-19 Vaccination

I certify that one or more recognized clinical contraindications for each of the currently available COVID-19 vaccines applies to the individual listed above. For that reason, I recommend that the individual listed above be exempted from COVID-19 vaccination requirements using any of the currently available COVID-19 vaccines for the following clinical reasons:

The clinical contraindication(s) is/are:

Permanent

Temporary. If temporary, the end date is: _____.

PART B: Statement of Exemption from the COVID-19 Vaccination

I acknowledge that I am not the individual listed above and that in giving this recommendation I am acting within the scope of my license to practice as defined by the state in which I practice. I recommend this individual be exempted from the COVID-19 vaccination requirements based on the recognized clinical contraindications described above.

Health Care Practitioner Signature

Date

Health Care Practitioner Office Name/Address/Phone

Health Care Practitioner Printed Name

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you do not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproduction services.