



Medical Immunization Exemption Certificate

Section 1: Employer Information				
NAME OF EMPLOYER: Barrington Public Schools	STREET ADDRESS: 283 County Rd	CITY: Barrington	ZIP CODE: 02806	PHONE: 401-245-5000
EMPLOYEE NAME:		DATE OF BIRTH:		
STREET ADDRESS:	CITY:	ZIP CODE:	PHONE:	
Section 2: For Health Care Provider Use Only: Please provide name, address, vaccine contraindication(s), signature and date.				
NAME OF HEALTH CARE PROVIDER	STREET ADDRESS:	CITY:	ZIP CODE:	PHONE:

I certify that due to the contraindication(s) checked below the above-named individual should be granted an exemption from receiving the required vaccine(s):

COVID-19 Vaccine

Vaccine	Contraindication(s) to vaccination
COVID-19 vaccine (any vaccine against COVID-19 that is authorized by the U.S. Food and Drug Administration or World Health Organization, and Novavax)	<input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after previous dose or to a component of the vaccine <input type="checkbox"/> Immediate allergic reaction* of any severity after a previous dose or known (diagnosed) allergy to a component of the vaccine <input type="checkbox"/> History of myocarditis or pericarditis after a first dose of an mRNA COVID-19 vaccine** <input type="checkbox"/> History of myocarditis or pericarditis unrelated to mRNA COVID-19 vaccination*** <input type="checkbox"/> Monoclonal Antibody Treatment (MABS) within the 90 days prior to October 1, 2021 (healthcare worker should get vaccinated no later than 91 to 120 days after MABS)
	<p>*Immediate allergic reaction to a vaccine or medication is defined as any hypersensitivity-related signs or symptoms consistent with urticaria, angioedema, respiratory distress (e.g., wheezing, stridor), or anaphylaxis that occur within four hours following administration.</p> <p>** See "Considerations for vaccination of people with certain underlying medical conditions" in <i>CDC Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States</i> for more information https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcovid-19%2Finfo-by-product%2Fclinical-considerations.html#underlying-conditions</p> <p>***People with a history of myocarditis or pericarditis unrelated to mRNA COVID-19 vaccination may receive COVID-19 vaccination after the episode of myocarditis or pericarditis has resolved. See "Considerations for vaccination of people with certain underlying medical conditions" in <i>CDC Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States</i> for more information https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcovid-19%2Finfo-by-product%2Fclinical-considerations.html#underlying-conditions</p>

Health Care Provider Signature
(Licensed Physician, Physician Assistant, or Advanced Practice Registered Nurse)

Date