



Request for Medical Exemption from COVID-19 Vaccination Surcharge

If you are requesting a medical accommodation that exempts you from the COVID-19 **Vaccination Surcharge**, please fill out this form in its entirety. After you and your healthcare provider complete this form, return it to the Human Resources Department via email at HRConnect@durhamnc.gov. This form will be kept as part of your confidential employee health record.

Employee Section: Complete the following information

Name (Last, First): _____ EID: _____

Work Email Address: _____ Phone Number: _____

Provider Section: A licensed physician, PA, CNM or NP must complete and sign this section.
Forms completed by the employee will not be accepted.

Physician/Provider Instructions: The individual named in the Employee Section of this form is seeking a medical exemption from the City of Durham’s COVID-19 Vaccination Surcharge. Please complete this form to assist the City in its reasonable accommodation process. Please note that by completing this form, you certify that different methods of vaccinating against COVID-19 have been considered and that the medical contraindication described in detail below precludes any/all vaccinations for COVID-19.

Guidance for medical exemptions for COVID-19 vaccination can be obtained from the Advisory Committee on Immunization Practices (ACIP) available at <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>.

The following are NOT considered contraindications to COVID-19 vaccination:

- Local injection site reactions (days to weeks) after previous COVID-19 vaccines (erythema, induration, pruritus, pain, etc.)
- Expected systemic vaccine side effects in previous COVID-19 vaccines (fever, chills, fatigue, headache, lymphadenopathy, vomiting, diarrhea, myalgia, arthralgia)
- Vasovagal reaction after receiving a dose of any vaccination
- Being an immunocompromised individual or receiving immunosuppressive medications
- Autoimmune conditions, including Guillain-Barre Syndrome
- Allergic reactions to anything not contained in the COVID-19 vaccines, including injectable therapies, food, pets, venom, environmental allergens, oral medications, latex, etc.
- Breastfeeding



- Immunosuppressed person in the employee’s household
- Alpha-gal Syndrome
- **The COVID-19 vaccines do not contain egg or gelatin, and allergies to these substances are not contraindications**

Please select medically indicated contraindication below:

- Severe allergic reaction (anaphylaxis) after a previous dose of or to a component of the COVID-19 vaccine, including Polyethylene Glycol (PEG) (Please describe the response in detail below and contraindication to alternatives, such as the Johnson & Johnson vaccine which does not contain PEG)
- Immediate allergic reaction to a previous dose or known (diagnosed) allergy to a component of the vaccine (Please describe the response in detail below and contraindication to alternative vaccines)
- Other medical circumstances preventing vaccination with any available COVID-19 vaccine (Be specific & describe in detail below)

The condition described above is: Temporary Long-Term

If this is a temporary condition or medical circumstance, state when it is expected to end or expire (allowing for COVID-19 vaccination to begin after the date you provide):

Medical Provider Name/Title (Printed): _____

Practice Name (Printed): _____

Practice Telephone Number: _____ **Practice Email:** _____

Medical Provider Signature: _____ **Date:** _____

