



COVID VACCINE – Medical Exemption Form

_____, claims an exemption from the COVID Vaccine requirement for the following reason:

PLEASE PROVIDE INFORMATION INDICATING A CONTRAINDICATION AS TO WHY THE COVID-19 VACCINE WOULD LIKELY BE DETRIMENTAL TO THE WORKER'S HEALTH OR UNSAFE FOR THIS WORKER.

This form must be signed by a doctor or health care provider.

(A letter signed by a doctor or health care provider indicating a contraindication – why the vaccine would be detrimental to the worker's health or unsafe for this particular worker -- would also suffice.)

Signed: _____

Date: _____

Please email (HR@abchhp.com) or mail a copy of this completed form to ABC office attn: HR