Medical exemption – vaccination as a condition of deployment

Self-certification form

Examples of medical exemptions from COVID-19 vaccination could include individuals:

- Receiving end of life care where vaccination is not in the individual's interests.
- With learning disabilities or autistic individuals, or with a combination of impairments which result in the same distress, who find vaccination and testing distressing because of their condition and cannot be achieved through reasonable adjustments such as provision of an accessible environment.
- With medical contraindications to the vaccines such as severe allergy to all COVID-19 vaccines or their constituents.
- Who have had adverse reactions to the first dose (e.g. myocarditis).

Time-limited exemptions will also be available for those with short-term medical conditions (e.g. people receiving hospital care or receiving medication which may interact with the vaccination). A time-limited exemption is also available for pregnant women should they choose to take it.

More information on who is medically exempt from vaccination can be found here. Exemptions for conditions listed in section 4.4 (special warnings and precautions for use) in the Summary of Product Characteristics for each of the approved COVID-19 vaccines (Pfizer, AstraZeneca and Moderna) may also be considered.

I hereby certify that I meet the medical criteria for exemption in this guidance and therefore should not be vaccinated with any authorised COVID-19 vaccine.

I understand that this temporary medical exemption is only valid for the purposes of deployment in care homes and is not valid proof for domestic events, international travel and exemption from self-isolation.

I understand that this temporary exemption will expire 12 weeks after the clinical review process goes live. I understand that 12 weeks after the clinical review process goes live, I will be required to obtain an exemption through the clinical review medical exemptions process OR have completed a full course (likely two doses depending on the type of vaccine used) of an authorised COVID-19 vaccination to continue to be deployed in a care home after this date.

I acknowledge that providing false information may result in disciplinary action.

Name Date