MAINE EMS CLINICIAN IMMUNIZATION EXEMPTION FORM

Exemption Being Sought (Circle one, if seeking an exemption for both immunizations, use a separate form for each):	
COVID-19	**Influenza**

Demographic Information

Licensee Full Name:
Licensee Date of Birth:

To submit a request, please:

- Educate yourself about the vaccine(s)
  - Read the CDC COVID-19 Vaccine Information at: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/keythingstoknow.html, and/or
  - Read the CDC Seasonal Influenza Vaccine Information at: https://www.cdc.gov/flu/prevent/flushot.htm
- Complete this form
- Have your licensed physician, nurse practitioner, or physician assistant complete the provider section of this form
- Submit the completed documents to the Infection Control Officer at each EMS agency you are affiliated with; and
- Initial each of the following statements:

	I understand and assume the risks of non-vaccination.
	I understand and agree to comply with and abide by all of my EMS agency's COVID-19 and/or Influenza policies and procedures.
	Should I contract COVID-19 and/or Influenza, I will immediately report it to my EMS agency's Infection Control Officer and follow appropriate guidelines and instructions.

	I understand that, although this exemption is considered permanent, that permanence depends on the continued existence of the physical condition or medical circumstances that made immunization medically inadvisable. I understand that, in the event my physical condition or medical circumstances that made immunization medically inadvisable no longer exists or changes in a manner that permits vaccination, this exemption may no longer be valid, and I will be required to comply with Chapter 21, Section 2, subsection 1 by providing a Certificate of Immunization or documentation of a new exemption, if applicable.
	I understand that as I am not vaccinated, to protect my health and the health of the community, I will comply with additional COVID-19 testing requirements and other preventive guidance issued by Maine Emergency Medical Services.
	I authorize my licensed health care provider to provide **(insert EMS Agency Name)** _____ with medical information about my medical exemption for the COVID-19 and/or Influenza vaccination.
	I certify that the information I have provided on and in connection with this request is accurate and complete as of the date of this submission.
	I understand this exemption may be revoked, and I may be subject to disciplinary action if any false information has been used to request an exemption.

Maine EMS Rules Chapter 21 § 3 Exemptions (2)

"An Exemption is available to a Covered Emergency Medical Services Person who provides a written statement from a licensed physician, nurse practitioner or physician assistant that, in the physician's, nurse practitioner's or physician assistant's professional judgment, on forms approved by Maine EMS, immunization against any of the Diseases enumerated in this Chapter may be medically inadvisable, provided that, the Covered Emergency Medical Services Person has an established patient-qualified provider relationship with the provider issuing the written statement. An exemption is considered permanent."

Printed Name:
Signature:
Maine EMS License Number:

Attention Health Care Provider (DO, MD, NP, PA):

Maine Emergency Medical Services requires that no entity permit a Covered Emergency Medical Services Person to provide Direct Patient Care without a Certificate of Immunization or documentation of an exemption to the COVID-19 and/or the Influenza vaccine.

The individual submitting this form requests a medical exemption from this vaccination requirement. A medical exemption may be allowed for recognized contraindications.

Please certify below the medical reason that your patient should not be immunized for COVID-19 and/or Influenza by completing this form and attaching available supporting documentation. The agency(s) may review the information provided on this form when considering the exemption request.

Option 1 - Allergy

A documented history of a severe allergic reaction to any component of the specified vaccine or a cross-reactive substance with a vaccine component. Please indicate which of the following vaccines are contraindicated and name the vaccine's components. (Note: Since an egg-free vaccine is available, a history of an egg allergy will not be accepted as a routine medical exemption)

Vaccine Manufacturer:
List of components the requestor is allergic to:

A documented history of a severe allergic reaction after a previous dose of the COVID-19 and/or the Influenza vaccine. Please indicate to which vaccine the patient had a reaction and the date of the vaccine & reaction:

Vaccine Manufacturer:
Date of Vaccination:
Reaction:
Treatment Required:

Option 2 – Physical Condition/Medical Circumstance:
The patient's physical condition or medical circumstances relating to the individual are such that immunization is not considered safe. With sufficient detail for independent medical review, please state the specific nature and probable duration of the medical condition or circumstances that contraindicate immunization with the COVID-19 and/or the Influenza vaccine:

Explanation:(If additional space is needed, please attach on a separate page.)

Certification:

I certify that _____ **(patient name)** has the above contraindication and I support the request for a medical exemption from the COVID-19, and/or Influenza vaccine requirement as described in Maine Emergency Medical Services Rules Chapter 21 Immunizations Required.

Vaccination for Exemption: (Circle one, if seeking an exemption for both immunizations, use a separate form for each)			
COVID-19		**Influenza**	
Medical Provider's Name:			
Medical Provider's Signature:			
Medical Provider's Medical License Number and Expiration date:			
License Number:		**Expiration date:**	
Medical Provider's License Type (Circle One):			
DO	**MD**	**NP**	**PA**
Name of Provider's Company:			
Address: (street, City, State, and Postal Code)			
Email Address:			
Phone Number:			