

Request for Exemption

Please fill out this request and send it, along with your physician's statement, to meetingregistrar@acep.org.

I, _____, declare that I am claiming an exemption from receiving the COVID-19 Vaccine based on the following reason (check one):

_____ A health care practitioner has provided a signed written statement that, in the health care practitioner's opinion, receiving a COVID-19 vaccine is medically contraindicated for this individual (a copy of the health care practitioner's signed written statement must be submitted with this form)

_____ A health care practitioner has provided a signed written statement that, in the health care practitioner's opinion, medical necessity requires this individual to delay receiving such vaccine (a copy of the health care practitioner's signed written statement must be submitted with this form)

Signature of Attendee

Date