



REQUEST FOR MEDICAL/DISABILITY EXEMPTION COVID-19 VACCINE

COMPLETE THE FOLLOWING INFORMATION (PRINT)

Name (last, first) _____ Event _____

Team/Country _____ Role _____

Best Phone Number _____ Hotel or Village Name _____

Email Address _____

I am seeking the following type of medical/disability exemption:

Option 1 – Allergy

- ☐ A documented history of a severe allergic reaction to any component of a COVID-19 vaccine, to a substance that is cross-reactive with a component, or to a previous dose of the COVID-19 vaccine.

Option 2 – Physical or Mental Impairment/Other Medical Circumstance

- ☐ A physical or mental impairment that substantially limits one or more major life activities or other medical condition and that makes taking the COVID-19 vaccination medically unsafe.

Describe: _____

I verify that the above information is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action, up to and including expulsion from The World Games 2022, and formal disciplinary reporting to your athletic association(s). I also understand that my request for an exemption may not be granted if it is not reasonable.

I give consent for The World Games 2022 or its physicians to contact the provider completing this form if additional information or medical records are required. I understand that should my exemption application be approved The World Games 2022 may institute additional safety measures to limit the spread of COVID-19. Such safety measures may include regular or random COVID testing, usage of enhanced PPE, or other measures as determined necessary to provide for the safety and integrity of the competition environment.

Signature: _____

Date: _____

Print Name: _____

PROVIDER SECTION – COMPLETE THE FOLLOWING INFORMATION

Please certify below the medical reason that your patient should not be vaccinated for COVID-19 by completing this form. You will provide any necessary medical documentation to The World Games 2022 staff on-site during the accreditation process. Information provided to The World Games 2022 will be reviewed in consideration of your exemption request.

OPTION 1 – ALLERGY

Physician/Provider Instructions: Completing this form verifies that different methods of vaccinating against COVID-19 have been considered, and that the following medical contraindication precludes vaccination for COVID-19. Guidance for medical exemptions for COVID-19 vaccination can be obtained from the most recent recommendations of the Advisory Committee on Immunization Practices (ACIP), available in the centers for Disease Control and Prevention publication:

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/communication/Guidance-Review.pdf> and from the Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcovid-19%2Finfo-by-product%2Fclinical-considerations.html.

CDC considers a history of the following to be a contraindication to vaccination with COVID-19 vaccines:

- Severe allergic reaction (e.g., anaphylaxis) after a previous dose of COVID-19 vaccine or to a component of the COVID-19 vaccine.
- Immediate allergic reaction of any severity to a previous dose of COVID-19 vaccine or known (diagnosed) allergy to a component of the vaccine. An immediate allergic reaction is defined as any hypersensitivity-related signs or symptoms consistent with urticaria, angioedema, respiratory distress (e.g., wheezing, stridor) or anaphylaxis that occur within four hours following administration of medication.
- A person who has a contraindication to an mRNA vaccine because of an allergy to a component of the vaccine has a precaution for receiving the Johnson & Johnson vaccine but may be eligible to receive the Johnson & Johnson vaccine after consultation with an allergist or immunologist to determine eligibility. Similarly, a person who has a contraindication to the Johnson & Johnson

vaccine because of an allergy to a component of the vaccine has a precaution for receiving an mRNA vaccine but may be eligible to receive one of the mRNA vaccines (Moderna or Pfizer) after consultation with allergist or immunologist.

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

- Minor acute illness (e.g., diarrhea and minor upper respiratory tract illnesses, including otitis media)
- Mild to moderate local reactions and/or low-grade moderate fever following a prior dose of the vaccine
- Sensitivity to a vaccine component (e.g., upset stomach, soreness, redness, itching, swelling at the injection site)
- Current antimicrobial therapy
- Disease exposure or convalescence
- Pregnant or breastfeeding
- Pregnant or immunosuppressed person in the household

Document the patient's contraindication to receiving the COVID-19 vaccine. If more space is needed, attach additional sheets to this form. Any necessary medical documentation must be provided to The World Games 2022 staff on-site during the accreditation process.

- ☐ Severe allergic reaction (e.g., anaphylaxis) after a previous dose of COVID-19 vaccine or to a component of the COVID-19 vaccine.
- ☐ Immediate allergic reaction of any severity to a previous dose of COVID-19 vaccine or known (diagnosed) allergy to a component of the vaccine. An immediate allergic reaction is defined as any hypersensitivity-related signs or symptoms consistent with urticaria, angioedema, respiratory distress (e.g., wheezing, stridor) or anaphylaxis that occur within four hours following administration of medication.

Please provide date and detailed description of reaction checked above with supporting documentation:

Describe: _____

OPTION 2 – PHYSICAL OR MENTAL IMPAIRMENT / OTHER MEDICAL CONDITION

- ☐ **The physical condition of the patient or medical circumstances relating to the individual are such that vaccination is not considered safe.**

Physician/Provider Instructions: Please provide below, with sufficient detail for independent medical review, the following information:

- The specific nature of the physical or mental impairment or medical condition.
- The probable duration of the physical or mental impairment or medical condition.
- An explanation of the medical reasons the patient's physical or mental impairment or medical condition contraindicates vaccination with the COVID-19 vaccine.
- Please attach additional pages and/or records as necessary.

Describe: _____

Signature of Health Care Provider: _____ **Date:** _____

Printed Name: _____

Practice Name: _____

Practice Telephone Number: _____