

Last Name of Client

COVID-19 Vaccine Medical Deferral Request

Personal Health Number (PHN)

Birthdate (YYYY / MM / DD)

This form can only be completed by a physician (M.D.) or nurse practitioner. Note: self reports will not be accepted

First Name of Client

Medical reason(s) for temporary deferral until next dose		
(See overleaf for further information)		
Anaphylaxis to components of mRNA, adenovirus vector, protein subunit vaccines (i.e. polyethylene glycol and polysorbate 80).	Refer to a qualified allergist for further management.	
Diagnosis of Multisystem Inflammatory Syndrome following SARS-CoV-2 infection or first dose of COVID-19 vaccine.	Defer until fully recovered from illness and for 90 days after the date of diagnosis.	
	Date of diagnosis (Month/E	Day/Year):
Physician-diagnosed myocarditis or severe pericarditis following the first dose with no other cause identified.	Defer until further information about the risk of recurrence is available. This event is reportable to the MHO.	
Physician-diagnosed pericarditis following the first dose of vaccine without any cardiac workup or with normal cardiac investigation with no other cause identified.	Defer until fully recovered and for 90 days after vaccination.	
Serious adverse event following first dose of vaccine (AEFI)* reported to the medical health officer (MHO) and awaiting recommendation regarding further vaccination by a MHO.	Defer until MHO recommendation is available.	
For a serious AEFI not yet reported to a MHO – First complete and submit a COVID-19 vaccine adverse event report using the form located here .		
Other conditions for which vaccination would seriously jeopardize this individual's health (please specify)	Submit additional clinical information describing how this individual's health would be seriously jeopardized.	
* Serious AEFIs are those that required urgent medical care, resulted in hospitalization, or permanent disability.		
I,, attest that proceeding with COVID-19 immunization for this Print name of health care provider (first, last)		
individual would seriously jeopardize their health		
Signature of Health Care Provider		ed (YYYY / MM / DD)
Address		mber

Personal information collected on this form is collected under the authority of Order of the Provincial Health Officer Orders and will be used by the Provincial Health Officer to determine exemptions from the Orders. The information will be used and disclosed in accordance with the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection and use of this personal information, contact PHOExemptions@gov.bc.ca, with the subject line with the subject line "Requests for Reconsideration Questions".

The following are generally not contraindications to COVID-19 vaccination:

- Anaphylaxis to a previous dose of mRNA or adenovirus vector vaccine that has been confirmed by a qualified allergist. Such individuals may be able to receive their next dose using vaccine of the different type or undergo graded dose administration of the original vaccine type under allergist supervision.
- Anaphylaxis to any component of one type of vaccine that has been confirmed by a qualified allergist. Such individuals may receive a vaccine of a different type or undergo graded dose administration of the original vaccine type under allergist supervision.
- History of non-anaphylactic reaction or suspected hypersensitivity to a component of the vaccine. Such individuals may
 receive vaccine of the different type that does not contain the same component or may be immunized in a clinic prepared to
 deal with potential hypersensitivity reactions including anaphylaxis. Such patients should be observed for an extended 30
 minute monitoring period post vaccination.
- History of thrombosis with thrombocytopenia following a previous dose of an adenovirus vector COVID-19 vaccine. Such individuals may receive mRNA vaccines.
- History of cerebral venous sinus thrombosis with thrombocytopenia, unrelated to adenovirus vector COVID-19 vaccination, or heparin induced thrombocytopenia. Such individuals may receive mRNA vaccines.
- Receipt of anti SARS-CoV-2 monoclonal antibodies or convalescent plasma for treatment or prevention of COVID-19.
- History of capillary leak syndrome. Such individuals may receive mRNA vaccine.
- Immunocompromised and those with autoimmune disorders: while such individuals may not respond as well to vaccines, COVID-19 vaccines are not live vaccines and are safe for such individuals.
- Pregnancy: pregnant women benefit from COVID-19 vaccination. The vaccine is not contraindicated for use at any stage of pregnancy or when breastfeeding.

For more information refer to the BC Immunization Manual, <u>Part 4: Biological Products - COVID-19 vaccines</u>: http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/immunization

Please submit this form to the Provincial Health Officer at PHOExemptions@gov.bc.ca.

It is recommended to send using a password protected email and send the password by separate email. Subject line should read: **Request for Reconsideration about Preventive Measures**