



This form can only be completed by a physician (M.D.) or nurse practitioner.

Note: self reports will not be accepted

Table with 4 columns: Last Name of Client, First Name of Client, Birthdate (YYYY / MM / DD), Personal Health Number (PHN)

Medical reason(s) for temporary deferral until next dose

(See overleaf for further information)

Table with 2 columns: Medical condition (checkbox), Deferral reason and instructions. Includes conditions like Anaphylaxis, Multisystem Inflammatory Syndrome, Myocarditis, etc.

\* 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 individual would seriously jeopardize their health

Table with 2 columns: Signature of Health Care Provider, Date Signed, Address, Phone Number

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 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, [Part 4: Biological Products - COVID-19 vaccines:](http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/immunization)**  
**<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](mailto: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**