

Application for Medical Exemption from COVID-19 Vaccine

INSTRUCTIONS:

1. This form must be completed by any journey person who is requesting an exemption from receiving a COVID-19 vaccine as detailed in the Plumbers and Pipefitters Local 9 Vaccination Policy dated October 11, 2021.
2. This form is to request a waiver on medical grounds and may only be used for that purpose. Note, you may attach additional materials to this form in support of your request.
3. This form must be submitted to the Training Coordinator.

RELATED INFORMATION:

1. Unvaccinated individuals are subject to the Vaccination Policy requirements, including COVID-19 testing, masking and social distancing.
2. This form is valid only for the COVID-19 vaccine.
3. A waiver, if granted, will be applicable for one year. A new waiver request must be submitted for each subsequent year. Local 9 reserves the right to request additional information and/or request resubmission at any time.

Last Name: _____ First Name: _____

The following must be completed by a licensed physician or nurse practitioner familiar with treating the apprentice:

The COVID-19 vaccine is medically contraindicated until (date): _____

The patient has the following **CDC/ACIP contraindication(s)** to all currently available COVID-19 vaccines:

AN INCOMPLETE OR UNSIGNED FORM WILL NOT BE PROCESSED

Signature of Journey person: _____

Date: _____

_____	Signature	Date:
Medical Provider Name (print)	_____	_____
State of Licensure	License #	_____

OFFICE STAMP (REQUIRED):