



Request for Medical Exemption from MMR, Varicella and/or Tdap Vaccine

Vaccines: MMR Varicella Tdap

Date of Request: _____

Name: _____ Phone _____

DOB: ____/____/____

SITE: Abington Jefferson Northeast TJUH Methodist New Jersey Magee Einstein
 JUP TJU

DEPARTMENT/SCHOOL: _____ Job Title: _____

Supervisor/Director: _____ Ext: _____ - _____

Dear Healthcare Provider:

Working in healthcare, employees are required to meet certain standard as set by the CDC, OSHA and the Joint Commission. One of the requirements is either having documented immunity to Measles, Mumps, Rubella and Varicella or to have proof of receiving the vaccines; 2 doses of MMR, 2 doses of Varicella, and Tdap. Your patient states that he/she is being treated by you for an illness that prevents them from receiving one or more of these vaccines. In addition, it has been explained to me that my job position may be restricted due to my declination of vaccination.

Please provide us with written documentation on why this employee should not receive any/all the above vaccines.

Sincerely,

Kenneth Lankin MD, MPH
Enterprise Medical Director – Jefferson Health

My patient should not be vaccinated for the following reason(s):

I certify my patient has the above contraindication(s) and request a medical exemption for vaccination.

Healthcare Provider Signature: _____ NPI # _____

(Signature only – stamp NOT accepted)

Healthcare Provider Name/Credentials: (PRINT): _____ Phone: _____ Date: _____

Jefferson Approval: _____ Date: _____

Approved

Not Approved