



Amplifying the power of the patient voice

REQUEST FOR MEDICAL EXEMPTION

03 January 2023

Please fill out this request and send it, along with your physician's statement, to [RBailey@sicklecellconsortium.org](mailto:RBailey@sicklecellconsortium.org).

I, \_\_\_\_\_, declare that I am claiming an exemption from receiving the COVID-19 Vaccine based on the following reason (check one):

\_\_\_\_\_ A healthcare practitioner has provided a signed written statement that, in the healthcare practitioner's opinion, receiving a COVID-19 vaccine is medically contraindicated for this individual (a copy of the healthcare practitioner's signed written statement must be submitted with this form)

\_\_\_\_\_ A healthcare practitioner has provided a signed written statement that, in the healthcare practitioner's opinion, medical necessity requires this individual to delay receiving such vaccine (a copy of the healthcare practitioner's signed written statement must be submitted with this form)

\_\_\_\_\_  
Signature of Attendee

\_\_\_\_\_  
Date



**SICKLE CELL CONSORTIUM**

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