



GOVERNMENT OF ST. VINCENT AND THE GRENADINES

**PUBLIC HEALTH (PUBLIC BODIES SPECIAL MEASURES) RULES 2021
CERTIFICATE OF MEDICAL PRACTITIONER UNDER RULE 7(1) (a)
FOR MEDICAL EXEMPTION**

PERSONAL INFORMATION OF EMPLOYEE

NAME (Please Print):.....

TITLE: MR. MRS. MS.

POST:

MINISTRY/DEPARTMENT/OTHER:.....

ADDRESS:

CONTACT INFORMATION:

TELEPHONE: Home: Cell: Work:

EMAIL ADDRESS:

DECLARATION BY EMPLOYEE:

I, the undersigned, hereby declare that the information provided above is correct.

Signature: **Date:**

CERTIFICATE OF MEDICAL PRACTITIONER

NAME OF MEDICAL CLINIC:

ADDRESS:.....

NAME OF MEDICAL PRACTITIONER:.....

QUALIFICATIONS:.....

POSITION:.....

CONTACT INFORMATION:

TELEPHONE: Home: Cell:..... Work:

EMAIL ADDRESS:

CERTIFICATION BY MEDICAL PRACTITIONER:

I, the undersigned, hereby certify that it is not advisable to vaccinate the patient named above on the following medical grounds:

Severe allergic reaction (anaphylaxis) after a previous dose or to a component of all of the COVID-19 vaccines, including Polyethylene Glycol (PEG).

Immediate allergic reaction to previous dose or known (diagnosed) allergy to a component of all of the COVID-19 vaccines.

Temporary medical exemption to receiving dose 1 dose 2 of any of the COVID-19 vaccines due to:

Acute major illness, being.....

Significant immunocompromise of short duration, being.....

Past confirmed infection with SARS-CoV-2 within the last 4 weeks.

Date of diagnosis _/ _ / _ _

Another specified temporary medical contraindication, being.....

Signature: **Date:**

PLEASE NOTE THE FOLLOWING:

This certificate shall be accompanied by a detailed report and supporting evidence from a medical practitioner approved by the Medical Officer of Health