



COVID-19 VACCINE Medical Deferral

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

Form with fields: LAST NAME of client, FIRST NAME of client, BIRTHDATE (YYYY/MM/DD), PERSONAL HEALTH NUMBER

Medical reason(s) for temporary deferral (must be completed if 'temporary deferral' above is chosen - See overleaf for further information)

Table with 2 columns: Medical reason(s) and Deferral instructions. Rows include: Anaphylaxis, Receipt of anti SARS-CoV-2 monoclonal antibodies, Diagnosis of Multisystem Inflammatory Syndrome, Physician-diagnosed myocarditis, Serious adverse event following first dose of vaccine reported to the MHO, Serious adverse event following first dose of vaccine not yet reported to the MHO.

I, _____, attest that proceeding with COVID-19 immunization for this individual would seriously jeopardize their health

Print name of health care provider (first, last)

Signature: _____

Date: _____ Month/Day/ Year

Address: _____

Phone #: _____

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

Please submit this form to the Provincial Health Officer at ProvHlthOffice@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

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 information will be used and disclosed in accordance with the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection and use of this personal information, contact ProvHlthOffice@gov.bc.ca, with the subject line with the subject line "Requests for Reconsideration Questions".

Deferrals to COVID-19 vaccination

For support of exemption requests under the Provincial Health Officer Orders

Vaccine type	Deferral
COVID-19 mRNA vaccines (Pfizer-BioNTech and Moderna) OR COVID-19 viral vector vaccine (AstraZeneca)	Anaphylaxis to components of both mRNA and adenovirus vector vaccine (i.e., polyethylene glycol and polysorbate 80) that has been confirmed by a qualified allergist who offers testing and graded dose administration procedures
	Receipt of anti SARS-CoV-2 monoclonal antibodies or convalescent plasma for treatment or prevention of COVID-19 (except tocilizumab or sarilumab) – <i>defer for at least 90 days</i>
	Diagnosis of Multisystem Inflammatory Syndrome – <i>defer until fully recovered from illness and for 90 days after the date of diagnosis</i>
	Physician-diagnosed myocarditis or pericarditis following the first dose with no other cause identified – <i>defer until further information about the risk of recurrence is available. This event is reportable to the MHO.</i>
	Serious* adverse event following first dose of vaccine awaiting recommendation for further vaccination by the Medical Health Officer
The following are 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 receive their 2nd 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 vaccine of the 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 vaccine.	
History of capillary leak syndrome. Such individuals may receive mRNA vaccine.	
History of cerebral venous sinus thrombosis (CVST) with thrombocytopenia, unrelated to adenovirus vector COVID-19 vaccination, or heparin induced thrombocytopenia (HIT). Such individuals may receive mRNA vaccine.	
Immunocompromised and those with autoimmune disorders: such individuals may respond less well to vaccines if immunocompromised but 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.	

* Serious AEFI are those that required urgent medical care, resulted in hospitalization, or permanent disability.

Any deferral related to an adverse event following immunization (AEFI) with COVID-19 vaccine must be reported for evaluation through the formal process for public health review and recommendations for subsequent doses.