

AEOLIAN MUSICAL ARTS ASSOCIATION – COVID-19 VACCINATION POLICY

APPENDIX A

MEDICAL EXEMPTION TO DECLINE THE COVID-19 VACCINE

_____ (*PRINTED NAME OF INDIVIDUAL*) has a medical exemption for the COVID-19 Vaccine in relation to a condition indicated below.

The following conditions are the only absolute medical exemptions from the COVID-19 vaccine:

1. **Documented anaphylaxis** to a previous dose of COVID-19 vaccine or documented anaphylaxis to one of the vaccine components in authorized, available COVID-19 vaccines:

Vaccine product	Potential allergen included in the vaccine or its container
Pfizer-BioNTech COVID-19 vaccine	Polyethylene glycol (PEG)
Moderna COVID-19 vaccine	PEG Tromethamine (trometamol or Tris)
AstraZeneca COVID-19 vaccine	Polysorbate 80

2. **Individuals with a history of myocarditis and/or pericarditis** should discuss the risks and benefits of receiving an mRNA vaccine or, alternately, the risks and benefits of receiving a viral vector vaccine (AstraZeneca) with their treating physician and/or primary care provider.
 3. very rare cases of **capillary leak syndrome (CLS)** have been reported following vaccination with viral vector vaccines (AstraZeneca COVID-19 Vaccine). Patients who have previously experienced episodes of CLS should not be vaccinated with AstraZeneca COVID-19 Vaccine or COVISHIELD but may receive an mRNA vaccine (Pfizer or Moderna).
 4. **Individuals with a history of combined thrombosis and thrombocytopenia** should receive an mRNA vaccine. A combination of thrombosis and thrombocytopenia, in some cases accompanied by bleeding, has been observed very rarely following vaccination with the AstraZeneca COVID-19 Vaccine. Where an allergy precludes administration of an mRNA vaccine, individuals with a history of combined thrombosis and thrombocytopenia may discuss the risks and benefits of a viral vector vaccine (AstraZeneca) with their treating physician and/or primary care provider.
- It is understood that the individual will be required to wear a mask at all times, precluding them from some activities – without exception.

Physician Signature: _____ Date _____