



**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