

For Licensed Healthcare Provider:

Provider's Name: _____	Business Address: _____
License/Certification Number: _____	License/Certification State: _____

I, (_____) certify that I did examine (_____) in-person on (_____) at (_____).

I hereby certify that (_____) has a specific medical contraindication to the below described Vaccine(s) and it would be detrimental to such patient's Health to receive any of the following vaccines because of such patient's specific medical conditions:

- Johnson & Johnson's Janssen COVID-19 Vaccine
- Moderna COVID -19 Vaccine
- Pfizer BioNTech COVID-19 Vaccine
- Pfizer-BioNTech Pediatric COVID-19 Vaccine
- Johnson & Johnson's COVID-19 Vaccine

I certify that this contraindication thereby requires a ***permanent*** or ***temporary*** (circle one) medical exemption through the following date (_____) to the City of Philadelphia's December 15, 2021 Emergency Regulation Governing the Control and Prevention of COVID-19 ("Mandating Vaccines for Individuals Working and Dining at Indoor Dining Locations") I also certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein, I am subject to such penalties as may be prescribed by statute or ordinance.

Signed: _____

Date: _____

For Individual Seeking Exemption:

The individual must also acknowledge the information on the exemption request is true and accurate. Section 1-108 of the Philadelphia Code uses the following language:

"I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein, I am subject to such penalties as may be prescribed by statute or ordinance."

Signed: _____

Date: _____