



Request for Medical Exemption from Mandatory Vaccination

Applicant Information

Name:

Position Applied/Pending:

Address:

Phone Number:

Email Address:

Effective immediately, all new hires to the City of Albany must be vaccinated against the COVID-19 virus unless granted a medical or religious exemption. The candidate/prospective employee is requesting a medical exemption.

Please complete the form below to request a medical exemption for this employee. Should you have any questions, please call the City of Albany- Human Resources Department at 518-434-5049. **Please scan or email the document to HR@albanyny.gov.**

My patient should not receive:

Covid-19 Vaccine

Medical reason my patient should not receive the required vaccination(s) checked above:

Severe allergic reaction to components of the vaccine – must document which component causes the allergy, with appropriate medical record documentation provided.

Other serious health condition. Please explain, making sure to include and attach documentation of the specific contraindication (such as a medical record) and published research supporting the contraindication. Please feel free to attach documentation, if needed.

**Please note: The American College of Obstetricians and Gynecologists (ACOG) and Society for Maternal-Fetal Medicine both highly recommend that pregnant, postpartum and lactating women, and those considering pregnancy receive the COVID-19 vaccine. In order to receive an exemption, there must be additional information provided as to the specific medical contraindication and published research supporting the contraindication.*



I _____ certify that _____ is my patient and has a medical contraindication for the checked mandatory vaccination and request medical exemption from these vaccination.

Physician Signature: _____

Physician Printed Name: _____

Physician NPI _____

Address: _____

Date: _____

(Signature stamps not acceptable)

Requests will be reviewed on a case-by-case basis by an Exemption Committee.