

COVID-19 Mandatory Vaccination Protocol in High-Risk Settings

October 6, 2021

1.0 Introduction:

- a)** The Chief Medical Office of Health is responsible for ensuring Nova Scotians are optimally protected in workplace settings where the risk of contracting and transmitting COVID-19 is high;
- b)** In Nova Scotia, the ongoing presence of COVID-19 variants of concern, including the Delta variant, poses significant risk to our population;
- c)** Achieving high COVID-19 immunization rates through vaccination is part of a range of actions that can help prevent and limit the spread of COVID-19;
- d)** The Nova Scotia COVID-19 Vaccination Program has made, and continues to make, vaccines available to all Nova Scotians;
- e)** There is higher risk of both infection and transmission of COVID-19 by persons who are not fully vaccinated. This also poses a risk to those who are vaccinated, particularly in light of the Delta variant and other current and emerging variants of concern;
- f)** It is necessary to set out a consistent, provincial approach to COVID-19 protection in settings where the risk of contracting and transmitting COVID-19 is high;
- g)** It is also necessary to ensure Nova Scotians working and volunteering in settings where there is high risk of contracting and transmitting COVID-19 have access to the information required to make informed decisions about COVID-19 vaccination;
- h)** Employers and operators in sectors where there is a high risk of transmission will play a key role in ensuring this Protocol is implemented effectively and in accordance with public health principles. Therefore, employers and facility operators need to know the vaccination status of employees, outside service providers and volunteers to implement infection prevention and control measures to protect patients, residents, clients and other personnel;

- i) The Chief Medical Officer of Health requires the aggregate, non-identifiable information regarding vaccination rates in each of the identified high-risk settings to support the management of the public health response to the pandemic;
- j) This Protocol has been developed with consideration of the interests of persons who have a valid medical contraindication against receiving COVID-19 vaccine as supported by either a physician or a nurse practitioner; and
- k) This Protocol has been further developed with consideration of the interests protected by Nova Scotia’s Human Rights Act and the privacy interests of impacted employees, outside service providers and volunteers with a view to balancing the interests of the public, including constitutionally protected interests, against the risk of harm to other personnel as well as to those who receive care and services in high-risk settings.

2.0 Definitions

“Designated Care Giver”: means a person (other than the parent or legal guardian of a minor, as defined in the Age of Majority Act) who, in the following settings, is the family member and/or support person who has been designated by a resident, client, patient or their substitute decision maker and the facility where they reside, who has been regularly involved in the resident’s life, supporting their health and well-being:

- A hospital as defined by the Hospitals Act;
- Long-term care facilities licensed under the Homes for Special Care Act;
- Privately-operated long-term care facilities identified in Appendix A to this Protocol;
- Community Hospice Operators and Community Hospices as defined in the Community Hospices Regulations made under Section 78 of the Health Authorities Act;
- Homes licensed by the Minister of Community Services under the Homes of Special Care Act;
- Child-caring facilities approved or operated by the Minister of Community Services under the Children and Family Services Act, except foster homes;
- Organizations primarily funded by the Minister of Community Services that provide residential placements and supervision to:
 - Participants of the Disability Support Program, including Temporary Shelter Arrangements, Independent Living Support and Supervised Apartments; and

- Children and youth in the care of the Minister of Community Services under the Children and Family Services Act,
- Organizations primarily funded by the Minister of Community Services that provide Adult Day Programming for persons with disabilities; and
- Organizations primarily funded by the Minister of Seniors and Long Term Care that provide Seniors Adult Day Programming for seniors.

“Employer or Operator in a High-Risk Setting” means the employers and operators of the following:

- A hospital as defined by the Hospitals Act;
- A Health Authority as defined in the Health Authorities Act;
- A home care agency funded under the Homemaker Services Act;
- Emergency health services, ambulance services and communications centre as defined in the Emergency Health Services Act;
- An office of 811 Telehealth;
- An office of Nova Scotia Hearing and Speech;
- A long-term care facility licensed under the Homes for Special Care Act;
- Privately-operated care facilities for seniors, along with independent or assisted living services for seniors;
- Privately-operated home care services and agencies;
- Community Hospice Operators and Community Hospices as defined in the Community Hospices Regulations made under Section 78 of the Health Authorities Act;
- All facilities, agencies and family childcare homes as defined in the Early Learning and Childcare Act;
- An Education Entity as defined under the Education Act, and the public schools and related programs and services offered for or on behalf of an education entity, including transportation and cafeteria services and pre-primary programs;
- Homes licensed by the Minister of Community Services under the Homes of Special Care Act;

- Child-caring facilities approved or operated by the Minister of Community Services under the Children and Family Services Act, except foster homes;
- Organizations primarily funded by the Minister of Community Services that provide residential placements and supervision to:
 - Participants of the Disability Support Program, including Temporary Shelter Arrangements, Independent Living Support and Supervised Apartments; and
 - Children and youth in the care of the Minister of Community Services under the Children and Family Services Act,
- Organizations primarily funded by the Minister of Community Services that provide Adult Day Programming for persons with disabilities;
- Organizations primarily funded by the Minister of Seniors and Long Term Care that provide Seniors Adult Day Programming for seniors; and
- Correctional facilities as defined in the Correctional Services Act.

“Fully vaccinated” means that a person is considered “fully vaccinated” against COVID-19 in the follow circumstances:

- 14 days or more after receiving the second dose of a two-dose series of a Health Canada authorized COVID-19 vaccine (Moderna, Pfizer-BioNTech, AstraZeneca) following minimum dosing intervals. This includes a mix of these vaccines, such as one dose of AstraZeneca and one dose of Moderna;
- 14 days or more after receiving a one-dose series of a Health Canada authorized COVID-19 vaccine (Janssen/Johnson & Johnson); or
- 14 days or more after receiving the final dose of any other World Health Organization authorized series of COVID-19 vaccine (such as Sinopharm or Sinovac).

“Health Care Facility” means:

- A hospital as defined by the Hospitals Act;
- A Health Authority as defined in the Health Authorities Act;
- A home care agency funded under the Homemaker Services Act;
- Ambulance services as defined by the Emergency Health Services Act; and
- An office of Nova Scotia Hearing and Speech.

“Not fully vaccinated” means no receipt of any vaccine dose or receipt of 1 dose of a vaccine authorized as a 2 dose vaccine series such as Pfizer, Moderna or AstraZeneca plus 14 days.

“Outside service provider” means:

- In a health care setting: a physician, nurse, physiotherapist, occupational therapist, home support worker, faculty member of a health care or personal care educational or training facility, student engaging in a training opportunity with the Employer, emergency medical assistant/paramedic present in a facility on a non-urgent basis, patient transport worker or any other non-staff member who provides health care or personal care to a resident, but does not include a visitor or designated care giver;
- In a public education setting: a non-staff person providing health or personal care, mental health, social, education, transportation, recreation or food services, a student participating in a training opportunity with the Employer, or any other non-staff member contracted or engaged by the Employer or otherwise authorized to provide programs or services for students, pre-primary children or staff, but does not include a visitor or designated care giver;
- In a community services residential and day programming setting: a non-staff person providing health or personal care, mental health, social, education, access, transportation, recreation, or food services and a student participating in a training opportunity, or any other non-staff member contracted or engaged by the Employer or otherwise authorized to provide programs or services for participants on site, but does not include a visitor or designated care giver; and
- In a correctional setting, a non-staff person providing health or personal care, mental health, social, education, access, transportation, recreation, or food services and a student participating in a training opportunity, or any other non-staff member contracted or engaged by the Employer or otherwise authorized to provide programs or services for offenders or persons in custody, but does not include a visitor or designated care giver.

“Personnel”: means any employee, outside service provider or volunteer of an Employer or Operator in a High-Risk Setting”

“Proof of vaccination”: means a document issued by the government or non-government entity that administered the COVID-19 vaccine that meets the criteria set out in Appendix A: “Acceptable Forms of Proof of Vaccination”.

“Universal Pandemic Precautions”: means the use of a mask and face/eye protection (hospital supplied mask with visor, face shield, or goggles) for all direct patient contacts.

“Vaccine”: means a vaccine against COVID-19 that has been approved by either the Public Health Agency of Canada or the World Health Organization.

“Visitor”: other than in a foster home as defined by the Child and Family Services Act or a patient as defined in the Hospitals Act, means anyone entering the facility of an Employer or Operator in a High-Risk Setting who is not Personnel.

“Volunteer”: means a person who gives freely of their time and skills, without monetary compensation, within a facility overseen by an Employer or Operator in a High-Risk Setting.

3.0 Employers and Operators in a High-Risk Setting

3.1 Every employer and operator shall require all personnel and visitors to provide one of the following before November 30, 2021:

3.1.1 Proof of vaccination of COVID-19 vaccine administration as per the following requirements:

- if the person is partially vaccinated, proof that the first dose was administered and, within 45 days, proof of administration of the second dose or
- if the person is fully vaccinated, proof of all required doses or

3.1.2 Written proof of a valid medical contraindication against receiving COVID-19 vaccine provided by either a physician or a nurse practitioner. A physician or nurse practitioner may complete and sign a Valid Certificate of Medical Contraindication for COVID-19 Vaccination letter attesting that the person (their patient) has a valid medical contraindication that prevents vaccination, and such letter must, in compliance with the template attached hereto as Appendix B, approved by the Chief Medical Office of Health, setting out:

- that the person cannot be vaccinated against COVID-19 based on one of the following valid medical contraindications:
 - a history of severe allergic reaction (e.g. anaphylaxis) after previous administration of a COVID-19 vaccine using a similar platform (mRNA or viral vector)

- an allergy to any component of the specific COVID-19 vaccine or its container (polyethylene glycol for the Pfizer-BioNTech and the Moderna vaccines)
 - a history of major venous and/or arterial thrombosis with thrombocytopenia following vaccination with the AstraZeneca COVID-19 vaccine
 - a history of capillary leak syndrome following vaccination with the AstraZeneca vaccine
 - a history of myocarditis and/or pericarditis after a first dose of an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna)
 - experienced a serious adverse event after receiving a first dose of COVID-19 vaccine. A serious adverse event is defined as life-threatening, requires in-patient hospitalization or prolongs an existing hospitalization, results in persistent or significant disability/incapacity, or in a congenital anomaly/birth defect, and,
- the effective time period for the medical contraindication or

3.1.3 Written proof of an exception due to a prohibited ground of discrimination under the Nova Scotia Human Rights Act. However, nothing in this Protocol obligates an employer to grant an exception due to a prohibited ground of discrimination under the Human Rights Act. Employers shall make their own determination regarding such exceptions in accordance with the Human Rights Act.

3.2 An employer and operator in a high-risk setting may begin requesting the proof required by section 3.1 from all personnel upon the effective date of this Protocol, for the purpose of meeting the reporting requirements in section 6.1.

3.2.1 Data requested under section 3.2 must be securely collected, stored and managed in accordance with this Protocol and the Order of the Chief Medical Officer of Health under section 32 of the Health Protection Act under which this Protocol is made.

3.3 All employers and operators shall, no later than October 30, 2021, make available to their employees who have not provided the proof required by section 3.1 an educational program approved by the employer that addresses, at a minimum, all of the following:

- how COVID-19 vaccines work;
- vaccine safety related to the development of the COVID-19 vaccines;
- the benefits of vaccination;
- the risks of not being vaccinated against COVID-19; and
- the possible side effects of COVID-19 vaccination.

3.4 Where an employee has not provided the proof required by section 3.1 by November 30, 2021, or, where the employee has provided proof that the first dose was administered, but has not, within 45 days, provided proof of the administration of the second dose, the employer or operator in a high-risk setting shall:

3.4.1 place that employee on unpaid administrative leave for a period of 14 days, and,

3.4.2 should the proof required by section 3.1 not be provided by the employee by end of that 14 day period, or where the employee has provided proof that the first dose was administered, but has not, within 45 days, provided proof of the administration of the second dose, the employer or operator in a high risk setting shall place that employee on unpaid administrative leave until such time as the required proof of being fully vaccinated is provided.

3.5 Where an employee is on a Leave of Absence (for example, maternity, parental, short term disability etc.) that continues beyond November 30, 2021, the employer or operator in a high-risk setting shall:

3.5.1 require the employee to provide the proof required by section 3.1 on the date of the employee's return, and,

3.5.2 where the employee has not provided the proof required by section 3.1 on the date of the employee's return, or where the employee has provided proof that the first dose was administered, but has not, within 45 days, provided proof of the administration of the second dose, the employer or operator in a high-risk setting shall:

3.5.2.1 place that employee on unpaid administrative leave for a period of 14 days and make available to the employee the education required by section 3.3 as of the date of the employee' return, and,

3.5.2.2 should the proof required by section 3.1 not be provided by the employee by end of that 14 day period, or where the employee has provided proof that the first dose was administered, but has not, within 45 days, provided proof of the administration of the second dose, the employer or operator in a high-risk setting shall place that employee on unpaid administrative leave until such time as the required proof is provided.

3.6 Where an outside service provider or volunteer has not provided the proof required by section 3.1 by November 30, 2021, the employer or operator in a high-risk setting shall not allow that outside service provider or volunteer to enter the facility, until such time as the required proof is provided.

3.7 For greater clarity, no health care facility employer or operator, shall turn away an employee, outside service provider or volunteer who is not fully vaccinated from accessing care as a patient of a health care facility where they work or volunteer.

3.8 Where a person has provided proof under section 3.1.2, if the effective time period of a medical contraindication provided no longer applies, every employer or operator in a high-risk setting shall ensure, within 30 days of the date on which the medical contraindication no longer applies, that the person provides proof of vaccination.

3.9 The employer shall require persons who provide proof under sections 3.1.2 and 3.1.3 to wear personal protective equipment, up to and including universal pandemic precautions, in accordance with the respective employer or operator protocol, while working or volunteering, including when accompanying a patient/resident away from a facility.

3.10 Every employer and operator in a high-risk setting covered by this Protocol shall ensure that personnel who have provided written proof under sections 3.1.2 and 3.1.3:

3.10.1 meet the requirements of section 4.6 prior to entering the work site, and,

3.10.2 where a person has tested positive, shall ensure that they are prohibited from entering the high-risk setting until that person's return has been approved by the Regional Medical Officer of Health.

4.0 Employees of Employer and Operators in High-Risk Settings:

- 4.1** All employees must by November 30, 2021 provide their respective employer or operator in a high-risk setting with the proof required by sections 3.1.
- 4.2** An employee who is not fully vaccinated must take the education program offered by the employer under section 3.3 when it becomes available.
- 4.3** An employee who does not provide the proof required by section 3.1 by November 30, 2021, or does not provide proof, within 45 days, of the administration of the second dose, shall:
 - 4.3.1** take unpaid leave for a period of 14 days, and,
 - 4.3.2** should the proof required by section 3.1 not be provided by the employee by end of the period of 14 days, take unpaid administrative leave until such time as the required proof is provided.
- 4.4** Where an employee is on a Leave of Absence (for example, maternity, parental, short-term disability etc.) that continues beyond November 30, 2021, they shall:
 - 4.4.1** where the proof of vaccination per section 3.1 has not been provided on the date of return, take the education required by section 3.3;
 - 4.4.2** where the employee has not provided the proof required by section 3.1, within 30 days of the date of their return, or has not provided proof, within 45 days, of the administration of the second dose:
 - 4.4.2.1** the employee will take unpaid administrative leave for a period of 14 days, and,
 - 4.4.2.2** should the proof required by section 3.1 not be provided by the employee by end of the period of 14 days, the employee shall take unpaid administrative leave until such time as the required proof is provided.
- 4.5** For greater clarity, an employee of a health care facility who is not fully vaccinated may still access care as a patient at a health care facility where they work or volunteer.

Employees with Exceptions

4.6 Where an employee has provided proof under section 3.1.2 or 3.1.3, they:

- 4.6.1** must wear a medical mask which covers their nose and mouth when working or volunteering, or when accompanying a patient/resident away from a facility of the employer or operator in a high-risk setting, other than when they are consuming food or a beverage and in accordance with any other personnel directives from the employer or operator;
- 4.6.2** must complete twice weekly (72 hours apart) COVID-19 tests, where testing is the responsibility of the personnel and must be completed outside of work hours;
- 4.6.3** are responsible for all travel expenses to complete the testing requirements as outlined above;
- 4.6.4** may continue to report to work while waiting for test results, provided they are asymptomatic and do not meet the criteria for self isolation; and
- 4.6.5** must immediately self-isolate when they receive a positive COVID-19 result and may only return when it has been approved by the Regional Medical Officer of Health.

4.7 Where an employee has provided proof under section 3.1.2, and, if the effective time period of a medical contraindication provided no longer applies, the employee must,

- 4.7.1** within 30 days of the medical contraindication expiring provide proof of vaccination as per section 3.1, or\
- 4.7.2** where the employee and has not provided the proof required by section 3.1, within 30 days of the date on which the medical contraindication no longer applies, or has provided proof of being partially vaccinated before November 30, 2021, but has not provided proof of being fully vaccinated within 45 calendar days, they shall:
 - 4.7.2.1** take unpaid administrative leave for a period of 14 days, and,
 - 4.7.2.2** should the proof required by section 3.1 not be provided by the employee by end of that 14 day period, the employee shall take unpaid administrative leave until such time as the required proof is provided.

5.0 Outside Service Providers, Volunteers, Visitors and Designated Care Givers

- 5.1** An outside service provider, volunteer, visitor or designated care giver may not enter a facility of an Employer or Operator in a High-Risk Setting after November 30, 2021, unless they are fully vaccinated and provide proof of vaccination or have provided proof of an exception per section 3.1, to the Employer or Operator in a High-Risk setting.
- 5.2** For greater clarity, where the time period of a medical contraindication provided by a visitor or designated care giver under section 3.1.2 no longer applies, they shall not enter the facility until such time as they are fully vaccinated and provide proof of vaccination.
- 5.3** For greater clarity, this Protocol does not apply to a visitor of a patient or resident in a facility of an Employer or Operator in a High-Risk setting, where the patient or resident is receiving end of life or urgent care, as clinically determined by the respective facility.

6.0 Monitoring

- 6.1** Starting on November 1, 2021 and the first of every month thereafter, every employer or operator in a high-risk setting shall collect, maintain, and disclose to the Chief Medical Officer of Health or their delegate, and in a manner set out by the Chief Medical Officer of Health or their delegate, the following information:
- the total number of employees, outside service providers and volunteers for the reporting cycle; and
 - the total number of persons who submitted the proof as per the requirements of section 3.1 broken down by role (employees, outside service providers and volunteers) and which type of proof was provided (proof of vaccination, medical or human rights exception) or that no proof was provided after the November 30th mandatory timeline.

Appendix A: Acceptable forms of proof of full vaccination

Original proof of full vaccination records are acceptable in paper and digital formats, as well as clear photos, screenshots and photocopies.

Required information

At minimum, a record must show all the following information to demonstrate proof of full vaccination:

- the person's name
- the brand(s) of vaccine received (such as Moderna, Pfizer, etc)
- an indication that all required doses for that brand of vaccine were received
- the date when the final dose was received

For example:

Jane Doe
COVID-19 Dose 1
Pfizer-BioNTech
Received on May 14, 2021

COVID-19 Dose 2
Pfizer-BioNTech
Received on July 9, 2021

Preferred format of proof of full vaccination

The federal government has developed a standard proof of vaccination for Canadians. It allows all provinces and territories to have a standard, recognizable proof of vaccination. Effective October 1, 2021, Nova Scotia is adopting it as the province's standard format for proof of vaccination:



Everyone who is vaccinated in Nova Scotia on or after October 1, 2021 will receive their proof of vaccination in this standard format. Everyone who was vaccinated in Nova Scotia before that date is encouraged to [download](#) their proof of vaccination in this new format, starting October 1. This will make it easier for businesses and organizations in Nova Scotia to check proof of vaccination.

People who were vaccinated outside Nova Scotia or outside Canada can use the proof of vaccination they received in another jurisdiction. If they wish, starting October 4, they can follow [instructions](#) to upload their vaccine record from the jurisdiction(s) where they were vaccinated in order to receive their proof of vaccination in Nova Scotia's standard format. It will take several weeks to receive it because the information submitted must be verified.

This standard proof of vaccination has a quick response (QR) code that can be scanned by a business or organization that requires a person's proof of full vaccination. Nova Scotia will implement VaxCheckNS starting October 22. It is a QR scanner app to scan this code and provide a simple green "confirmed" response or a red "sorry" response.

Once it is launched, scanning the new standard proof of vaccination with VaxCheckNS will be the preferred method of providing and checking proof of full vaccination. People are encouraged to use this process to make providing and checking proof of full vaccination easier for everyone. It will also best protect people's personal health information regarding their vaccination status. (See more in Section 2.4.)

Other acceptable formats of proof of full vaccination

Other options will be acceptable as proof of vaccination both before and after VaxCheckNS is available.

People who were vaccinated in Canada can use the standard proof of vaccination (shown above), whether or not the QR code it contains is scanned. It provides all the information required under this Protocol. It is acceptable as proof of vaccination within Nova Scotia, whether it is printed or photocopied or in digital form (such as a PDF or screenshot image saved on your phone or in the [CanImmunize app](#)).

People who were vaccinated in Nova Scotia before October 4 had access to the original format of the Nova Scotia COVID-19 vaccine record. A wallet-sized version of this record was also available – it can be laminated but does not have to be. It provides all the information required under this Protocol. It is acceptable as proof of vaccination within Nova Scotia, whether it is printed or photocopied or in digital form (such as a PDF or screenshot image saved on your phone or in the [CanImmunize app](#)):

Jane Doe

Date of Birth: March 17, 1936

COVID-19: Dose 1

PFIZER-BIONTECH COVID-19 mRNA

Lot Number: EL1406**Received:** 2021/07/28**Location:** NS, CAN**COVID-19: Dose 2**

MODERNA COVID-19 mRNA-1273

Lot Number: 300042460**Received:** 2021/09/27**Location:** NS, CAN

Printed on 2021-09-29

Below you can find a summary of your COVID-19 vaccination record.

Jane Doe

Date of Birth: March 17, 1936

Received Vaccinations

COVID-19

PFIZER-BIONTECH COVID-19 mRNA

Lot Number: EL1406

✓ Received on July 28, 2021

Dose: 1

Province of vaccination: Nova Scotia

Country of vaccination: Canada

COVID-19

MODERNA COVID-19 mRNA-1273

Lot Number: 300042460

✓ Received on September 27, 2021

Dose: 2

Province of vaccination: Nova Scotia

Country of vaccination: Canada

People who received one or more doses of vaccine in another province, territory or country may show the proof of vaccination they received from that jurisdiction. Some people may need to show proof of vaccination from more than one jurisdiction if they got doses in different places. These records must provide the required information outlined in Section 2.2 of this Protocol.

Valid ID

In some cases, valid ID will be required along with proof of full vaccination to verify that a person is providing their own proof of vaccination.

In cases where a person's identity is already, valid ID is not required.

Acceptable forms of valid ID include:

- drivers license
- passport
- government issued ID card
- health card
- birth certificate
- student card
- Secure Certificate of Indian Status

Original ID records are acceptable in card, paper and digital formats, as well as clear photos, screenshots and photocopies.

Appendix B: Medical Accommodation Request Form

This form and the Physician's/Nurse Practitioner's Certificate below note must be completed and submitted [insert process - e.g., by emailing it to name/department/address] by [insert date], 2021.

Employee's full name: _____

Department: _____

By signing below I confirm that:_____

- I have a medical condition that requires accommodation from the COVID-19 Mandatory Vaccine Protocol for High-Risk Settings,
- the Physician's/Nurse Practitioner's Certificate attached hereto is accurate and was completed by my doctor,
- I consent to my employer contacting the doctor below to confirm my qualification for an accommodation,
- I understand that my employer reserves the right to impose additional restrictions or requirements on me for health and safety reasons which may not apply to fully vaccinated employees, and
- I understand that I can face disciplinary measures (including dismissal) for submitting a false or fraudulent accommodation request.

I understand that the information collected herein is for the purpose of safeguarding the health and wellbeing of the workplace, and is collected in accordance with the Nova Scotia Health Protection Act and the COVID-19 Mandatory Vaccine Protocol for High-Risk Settings.

By signing below, I hereby consent to the collection, use and disclosure of this information for the purposes of administering the COVID-19 Mandatory Vaccine Protocol for High-Risk Settings, and I recognize that it will be accessed, used and disclosed only in accordance with that policy and/or as required or permitted by law.

DATED this _____ day of _____, 2021.

Signature: _____

Print Name: _____

Appendix B: Physician's / Nurse Practitioner's Certificate

I hereby certify that the above noted employee is my patient and they are unable to be vaccinated for one of the following valid medical contraindications:

- a history of severe allergic reaction (e.g. anaphylaxis) after previous administration of a COVID-19 vaccine using a similar platform (mRNA or viral vector),
- an allergy to any component of the specific COVID-19 vaccine or its container (polyethylene glycol for the Pfizer-BioNTech and the Moderna vaccines),
- a history of major venous and/or arterial thrombosis with thrombocytopenia following vaccination with the AstraZeneca COVID-19 vaccine,
- a history of capillary leak syndrome following vaccination with the AstraZeneca vaccine,
- a history of myocarditis and/or pericarditis after a first dose of an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna), or
- experienced a serious adverse event after receiving a first dose of COVID-19 vaccine. A serious adverse event is defined as life-threatening, requires in-patient hospitalization or prolongs an existing hospitalization, results in persistent or significant disability/incapacity, or in a congenital anomaly/birth defect.

I also hereby certify that my patient's medical contraindication remains in effect for [INSERT time period].

DATED this _____ day of _____, 2021.

Physician's /Nurse Practitioner's Signature: _____

Physician/Nurse Practitioner's Name (please print): _____

Physician /Nurse Practitioner's Address: _____

Physician/Nurse Practitioner's E-mail: _____

Physician/Nurse Practitioner's Phone number: _____