



### CERTIFICATION OF MEDICAL INELIGIBILITY FOR mRNA COVID-19 VACCINES

Full Name (as per NRIC/FIN/Passport):	<input type="text"/>
NRIC/FIN/Passport Number:	<input type="text"/>
Contact Number	<input type="text"/>

To whom it may concern,

This is to certify that the above-mentioned person is medically ineligible for mRNA COVID-19 vaccines because he/she is a:

(Please tick where appropriate)

- Person who developed an allergic reaction to a previous dose of any mRNA COVID-19 vaccine; or
- Person who developed myocarditis or pericarditis following administration of any mRNA COVID-19 vaccine; or
- Person who developed a severe adverse reaction to a previous dose of any mRNA COVID-19 vaccine and had been determined that he/she should not receive a second mRNA vaccine dose; or
- Person who has not taken any COVID-19 mRNA vaccine but has been determined to be allergic to polyethylene glycol (PEG)/ polysorbate through a positive skin prick/ intradermal test; or
- Person with/ under the following condition(s)/ treatment<sup>1</sup>:
  - Transplant within past 3 months; and/or
  - Aggressive immunotherapy; and/or
  - Active cancer on treatment.

Please indicate the date when the above criteria will cease (where applicable): \_\_\_\_\_

Additional comments:
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Thank you.

Stamp/ Signature/ Date:
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Name and MCR No of Certifying  
Medical Practitioner:

Clinic/ Hospital Name:

Contact Number:

<sup>1</sup> Refers to patients in the listed groups who have been previously assessed by a doctor to be unsuitable to take the mRNA COVID-19 vaccines. This is however not an absolute contraindication to mRNA COVID-19 vaccinations. Please refer to MOH Circular No. 101/2021 for updated recommendations on contraindications and indications to mRNA COVID-19 vaccines.