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**Annex A**

**CERTIFICATION OF MEDICAL INELIGIBILITY FOR ALL COVID-19 VACCINES UNDER THE NATIONAL VACCINATION PROGRAMME**

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|  |  |
| Full Name (as per NRIC/FIN/Passport):  |  |  |
|  |  |  |  |  |
| NRIC/FIN/Passport Number: |  |  |
|  |  |  |
| Contact Number |  |  |
|  |  |

To whom it may concern,

 This is to certify that the above-mentioned person is medically ineligible for all COVID-19 vaccines under the National Vaccination Programme (NVP) because he/she is a:

(Please tick where appropriate)

[ ]  Person aged 18 years (based on date of birth) and above who was unable to complete the vaccination regime due to previous severe adverse reactions or allergies# to all NVP vaccines, that currently includes both of the following (1) any mRNA COVID-19 vaccines and (2) Sinovac-CoronaVac COVID-19 vaccine; or

[ ]  Person 12 to 17 years of age who was unable to complete the vaccination regime due to a previous severe adverse reaction or allergy# to a previous dose of a mRNA COVID-19 vaccine; or

[ ]  Person with/ under the following condition(s)/ treatment:

[ ]  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, inclusive of an additional two-month period where the person is fit for vaccination: \_\_\_\_\_\_\_\_\_\_\_\_

# Includes those in which a person has not taken previous doses of COVID-19 vaccines but had an established allergic reaction to specific components of the vaccines. Allergies to Sinovac include established allergy to other inactivated vaccines.

\* Restricted to cancer treatments resulting in severe immunocompromise as certified by a cancer physician for a defined period.

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| Additional comments |

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| --- |
| Stamp/ Signature/ Date: |

|  |  |  |
| --- | --- | --- |
| Name and MCR No of Certifying Medical Practitioner: |  |  |
|  |  |  |
| Clinic/ Hospital Name: |  |  |
|  |  |  |
| Contact Number: |  |  |