

CERTIFICATION OF MEDICAL INELIGIBILITY FOR mRNA COVID-19 VACCINES

Full Name (as per NRIC/FIN/Passport):	
NRIC/FIN/Passport Number:	
Contact Number	
To whom it may concern,	
This is to certify that the ab vaccines because he/she is a:	pove-mentioned person is medically ineligible for mRNA COVID-19
(Please tick where appropriate)	
Person who developed an allerg	gic reaction to a previous dose of any mRNA COVID-19 vaccine; or
Person who developed myocard vaccine; or	ditis or pericarditis following administration of any mRNA COVID19
	re adverse reaction to a previous dose of any mRNA COVID-19 ed that he/she should not receive a second mRNA vaccine dose; or
	COVID-19 mRNA vaccine but has been determined to be allergic to sorbate through a positive skin prick/ intradermal test; or
Person with/ under the following	condition(s)/ treatment1:
Transplant within past 3 mc	
☐ Aggressive immunotherapy	
Active cancer on treatment	the above criteria will cease (where applicable):
	the above chiena will cease (where applicable).
Additional comments:	
Thank you.	
Stamp/ Signature/ Date:	
Name and MCR No of Certifying Medical Practitioner:	
Clinic/ Hospital Name:	
Contact Number:	

¹ 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.