

## Medical Exemption FAQs

### **1. “Can I ask for an antibody test instead of getting vaccinated?”**

Antibody tests for COVID-19 look for the presence of antibodies made in response to a previous infection or vaccination. They are an indicator of the body’s efforts to fight off the SARS-CoV-2 virus.

None of the currently authorized SARS-CoV-2 antibody tests have been validated to evaluate specific immunity or protection from SARS-CoV-2 infection. Vaccination is recommended even if someone has previously had a COVID-19 infection, as vaccination helps the body to build additional immune response and protection.

Antibody testing is [NOT currently recommended](#) to assess

- Immunity to COVID-19 following COVID-19 vaccination
- The need for vaccination in an unvaccinated person

### **2. What if I have underlying health issues?**

You may get any currently authorized COVID-19 vaccine if you have an underlying medical condition. This includes people with:

- Immunocompromising conditions or people who take immunosuppressive medication or therapies
- Autoimmune conditions
- A history of Guillain-Barré syndrome
- A history of Bell’s palsy
- A history of dermal filler use

Learn more about vaccination for people with [underlying medical conditions](#).

### **3. Should I get a vaccine if I’m pregnant or breastfeeding?**

Yes. COVID-19 vaccination is recommended for all people 12 years and older, including [people who are pregnant](#), breastfeeding, trying to get pregnant now, or might become pregnant in the future. Pregnant or lactating people can receive any of the currently authorized COVID-19 vaccines. However, Carle may approve an accommodation for pregnant or breastfeeding team members who wish to delay vaccination.

Increasing data on the safety and effectiveness of COVID-19 vaccination indicate that the benefits of vaccination outweigh any known or potential risks of COVID-19 vaccine during pregnancy. When making a decision about vaccination, you should consider the following:

- Known and potential benefits of vaccination

- Vaccine effectiveness
- Vaccine side effects
- Limited but growing evidence about the safety of COVID-19 vaccination during pregnancy
- Level of COVID-19 community transmission
- Patient’s personal risk of contracting COVID-19
- Risks of COVID-19 to the patient and potential risks to the fetus

A [v-safe pregnancy registry](#) has been established to follow outcomes among pregnant people who are vaccinated.

Learn more about [vaccination of pregnant or lactating people](#) and [considerations for use of the J&J/Janssen COVID-19 vaccine in certain populations](#).

#### **4. What about the risk of blood clots from the vaccine?**

For women younger than 50, there is a very low but increased risk of thrombosis with thrombocytopenia syndrome (TTS) associated with the J&J/Janssen COVID-19 vaccine. The other FDA-authorized COVID-19 vaccines (i.e., mRNA vaccines) have not shown an increased risk for TTS.

#### **5. Do COVID-19 vaccines impact fertility? What if I’m undergoing fertility treatments or plan to get pregnant?**

No. There is no evidence that any of the COVID-19 vaccines impact menstrual cycles or future fertility. Those who are trying to become pregnant do not need to avoid pregnancy after COVID-19 vaccination. There is no recommendation for routine pregnancy testing before receipt of a COVID-19 vaccine. For more information, please visit [Myths and Facts about COVID-19 Vaccines](#).

#### **6. Can people with a prior or current SARS-CoV-2 infection be vaccinated?**

Yes, at Carle vaccination is required even if team members have previously been infected. If you are currently ill, please request a temporary deferral until you have recovered from acute illness or until [criteria](#) have been met for you to discontinue isolation. This recommendation applies to any vaccine, including the first and second doses of COVID-19 vaccine.

#### **7. What if I received antibody infusions for COVID-19 treatment?**

In general, you should delay vaccination until at least 90 days following the administration of antibodies or convalescent plasma. You may also elect to go ahead and get vaccinated based on discussion with your provider. Considerations to discuss with your provider include:

- Clinical recovery from MIS-C or MIS-A, including return to normal cardiac function
- Personal risk of severe acute COVID-19 (e.g., age, underlying conditions)
- Level of COVID-19 community transmission and personal risk of reinfection
- Lack of data of COVID-19 vaccines following these illnesses
- Timing of any immunomodulatory therapies

Learn more about [COVID-19 vaccination and SARS-CoV-2 infection](#).

***8. I am receiving intravenous immunoglobulin. Do I have to wait 90 days before receiving COVID-19 vaccine?***

No, you may be vaccinated. Although people who have received passive antibody therapy as treatment for COVID-19 should wait at least 90 days before vaccination, there is **no minimum interval** between antibody therapies not specific to COVID-19 treatment and COVID-19 vaccination.

***10. Can my doctor write a note to grant me a medical exemption?***

No, all requests for a medical exemption or accommodations will be reviewed by the Vaccine Exemption Committee, which includes physician experts, and addressed on an individual, case-by-case basis.

***11. Why do I have to provide my own medical information? Can you get it from my chart?***

In order to protect the confidentiality of your health information, all personal identifiers will be removed prior to the committee reviewing the documentation you supply. You are responsible to provide health information that validates your reason for requesting exemption or accommodation. You can obtain your medical information through MyChart or through a records request process.

Reference: [COVID-19 Vaccine FAQs for Healthcare Professionals | CDC](#)