As you read this Introductory Letter, please note that:

The information you are requesting is being initiated by you and that you acknowledge and agree that your personal vaccination status remains your own personal responsibility. You may decide to submit to vaccination at any time after this assessment and completion of any requested forms you present or letters I provide.

You may choose to receive any vaccine at any time regardless of the results of this Exemption Assessment. Any Vaccine Exemption Letter you may receive or any personal medical recommendations you may ask for or be given during this healthcare encounter is not an indication that I am suggesting or recommending, one way or the other, whether or not you should submit to Covid 19 vaccination.

Many in the medical community have identified several risk factors in many of our patients that may increase their chances of severe medical complications after receiving the currently FDA approved and Experimental Use Authorized Covid-19 Vaccines.

It has been, and will always be, my professional determination that every person deserves to be able to effectively, confidently and legally decline the administration of these Experimental Vaccines at any time should they so choose.

Sadly, it has recently come to my attention that many Employers, Educational Institutions, Daycare Providers and other pillar institutions are beginning to attempt to illegally mandate patients to submit to these inoculations.

To provide you with the most thorough assessment, documentation and vaccine exemption recommendation I need to gather some of your private, personally identifying, medical information.

Please review and complete this form to the best of your knowledge. The information you provide here will be used to outline and document the individual, private circumstances that are contributing to your free choice to decline any of the SARS-Cov2 Coronavirus Vaccines.

Any private, personal, medical information that you share with me will be kept confidential. It will not be sold or shared with any entity and will not be used in any way other than to provide you with a medically indicated Vaccine Exemption Letter.

I will also fill out any institutional forms required by your employer, school, daycare, etc. related to your declination of these vaccines.

Reimbursement arrangements for these healthcare services are as discussed with each patient on a case-by-case basis. Any fees are to be agreed upon by all parties at the time of service and shall reflect fair compensation for the amount/complexity of the documentation needed to decline.

To be clear, my goal is not to deter anyone from receiving these vaccines, but to provide those who decide they do not want to participate in these clinical trials a safe, viable path to decline.

I look forward to working with you to do my part in ensuring you have the freedom, knowledge and confidence to make your own healthcare decisions at all times.

Sincerely, Susanne Uhrig, MSN, BSN, RN

Covid-19 Vaccine Exemption Assessment

Patient Form

Specific Documentation Being Requested:

Vaccine Exemption Letter _____

Official Form from Work/School _____

Other (please specify) _____

Demographics

Name	
DoB/Age	
Mailing Address	
Phone	
Email	
Primary Care Provider Name & Contact Info	

Allergies: _____

History of Vaccine Reaction/Allergy:

☐ No

If YES, please describe:

Current Medications

Medication	Dose	Frequency

Personal or Family History of Autoimmune Disorder (Circle Any that Apply) None _____

Thyroid Problems (Graves' Disease), Addison's Disease, Hashimoto's)

Inflammatory Bowel Disease (Crohn's, Ulcerative Colitis)

Myasthenia Gravis	Sjogren's Syndrome	Type I DM	Rheumatoid Arthritis
Multiple Sclerosis	Psoriasis	Psoriatic Arthritis	Celiac Disease
Pernicious Anemia	Lupus	Other:_____	

If YES, to any above, Please Describe Who is Affected and History:

Women Only

Menstrual Status:

Premenstrual	Menstruating	PreMenopausal	Menopausal
PostMenopausal			

Attempting Pregnancy Pregnant Breast Feeding

History of Miscarriage No_____Yes_____How many?_____Dates_____

Vaccine is Being Mandated/Requested by:

Employer_____ Educational Institution_____Other (specify)_____

Are there any additional factors, concerns or comments you wish to be considered or included in your evaluation?
