

Covid vaccine exemption certificate on medical grounds

Serial No.----- Date:-

TO WHOM IT MAY CONCERN

This is to certify that Mr/Mrs/Master/Miss _____

identified by id proof Aadhar No./License No./Passport No./Pan No./Other
id----- residing at address -----and whose thumb or
fingerprint impression and photograph is given below

Affix signature or thumb impression and also attach passport photo above.

that I have carefully clinically assessed him/her for potential benefits to potential
risks of covid vaccination to him/her and found that potential risks exceed potential
benefits and (any further dose if 1 dose is already taken) covid vaccine may
endanger his/her health and life and he/she should avoid taking covid vaccine and
be exempted from covid vaccination on medical reasons.

Signature with name, registration no., address of RMP

(RMP should give serial number and keep one counter foil copy of this certificate
with himself while issuing)