**ANNEX A: Application form**

**NHS COVID Pass: Medical Exemptions**

Thank you for applying for a medical exemption for the NHS COVID Pass. Please complete and return this form to the GP or specialist clinician listed below. You do not need to book an appointment with your doctor, though they may ask you to do so.

If you did not request a medical exemptions application form, and have received this letter in error, please contact the NHS COVID Pass service by calling 119.

You will receive a letter by post confirming whether you have been issued with a medical exemption 2-3 weeks after making the application to your GP or specialist. If you are issued with a medical exemption, you will be able to access your NHS COVID Pass on the NHS App. The NHS COVID Pass will be indistinguishable from the pass used by people who are fully vaccinated for domestic use, and will not show why you have a medical exemption. You can also access your NHS COVID Pass online and download or print it as a PDF document. From late October, you will also be able to request a COVID Pass letter via the NHS website or by calling the NHS COVID Pass via 119.

If you are issued with a medical exemption, you will be:

* Exempt from self-isolating for 10 days if you are a close contact of a confirmed COVID-19 case.
* Exempt from quarantine and completing a test on day 8 if you travel from a non-red-list country.
* Able to work or volunteer in a CQC registered care home from 11 November 2021
* Able to obtain an NHS COVID Pass to enter venues or events in England, if displaying the Pass is a condition of entry.

If you are applying for an exemption from testing as well as vaccination, you will also be exempt from testing requirements.

Your application for a medical exemption will be reviewed by your GP or clinician listed below. This form can be completed by the individual requesting an exemption or their carer. If you do not receive a response within 3 weeks, please contact the NHS Covid Pass service via 119.

------------------- Please check & complete the information below -------------------

Name: [will be pre-populated]

NHS Number: [pre-populated]

Date of Birth: [pre-populated]

Address: [pre-populated]

Name of GP (or clinician who provided advice on whether you should take a vaccine): [pre-populated]

Exemption from vaccination or vaccination and testing: [pre-populated]

Name of the carer who is completing the form, if applicable: [pre-populated]

*To be completed by the patient or carer:*

Medical reason(s) why you shouldn’t be vaccinated against COVID-19

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Medical reasons why you shouldn’t take a COVID-19 test (if applicable, please leave blank if your application is only for exemption from vaccination). This may be the same as above.

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Your clinician will consult your record, but you may wish to add evidence for your exemption, such as a diagnosis letter from CAMHS.

Include any further information or supporting evidence that you would like your doctor to consider when they review your application. Your clinician will review your clinical records. You do not need to arrange an appointment with your clinician:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*To be completed by the Clinician / Midwife:*

Clinician decision (choose one box only):

[ ]  Exemption from vaccination issued

[ ]  Exemption from vaccination and testing issued

[ ]  Exemption from vaccination rejected

[ ]  Exemption from vaccination and testing rejected

Submit your decision on the Summary Care Record application. This is detailed in the clinical guidance you have received.

**Annex B: User Journey**

