

Medical certificate

Date of issue : / / _____

Patient name	
Sex	Male / Female
Address	
Phone	
Email	
Birthday	
Passport No.	

The purpose of this document is to prove that:

The aforementioned patient is officially exempt from all covid-19 vaccinations (Pfizer, Moderna, AstraZeneca, Novavax, etc.).

Because he(She) has a history of severe allergic reactions, including polyethylene glycol (PEG), adjuvants in other vaccines, and vaccine-induced anaphylaxis.

medical institution:

Address:

Telephone number:

Fax number:

Email address:

Doctor in charge:

Signature: